THE CANADIAN NURSE

IODICALS R. R

FOUNDED 1908

E 53 NUMBER 2
MONTREAL

Highlight for
BRUARY 1957

TOR LOOKS AT NURSING
W. R. WRIGHT, M.D.

●

SAFETY-MINDED

●

(See page 109)

ORK
VERSITY
MAR 1 1

HE CANADIAN NURSES' ASSOCIATION

THEY'RE HERE!

NEW

OPAQUE

NYLON

UNIFORMS

by

White Sister

NOW AVAILABLE AT

EATON'S

OF CANADA

IN SMART-LOOKING, TRIM-FITTING NEW STYLES

NO SHOW-THROUGH

All the easy-care qualities of nylon . . . easy washing, quick drying, little or no ironing . . . are now yours in dazzling-white new *opaque* nylon uniforms by White Sister.

See these trim new styles at Eaton's of Canada now . . . the prettiest, most practical White Sister uniforms *ever* . . . in new, *opaque* nylon.

DU PONT
CANADA

Textile Fibres Division

Du Pont Company of Canada (1956) Limited
MONTREAL

JUST RELEASED!

THE BOOK EDUCATORS HAVE BEEN WAITING FOR

PRINCIPLES AND TECHNICS OF *NEW — 1957!*

Rehabilitation For Nurses

Edited by Deborah M. Jensen, R.N., M.A.

MODERN REHABILITATIVE SKILLS

Till recently much of this information could only be found in scattered journals. Now conveniently compiled in one book, nurses and students will find the most up to date techniques. The theme of teaching a patient to live to the hilt of his capacity is emphasized. Students learn it generally takes a long time for a handicapped person to accomplish anything — too much assistance generally hinders their need for independence. Cases in point are amputees being taught to use crutches, or a cerebral vascular patient taking remedial speech. This book has much to offer the educator wanting to know how to integrate these principles into clinical training. It is equally useful to the nurse in practice. Why not be sure you are doing the right thing. Your best way is to mail in the coupon.

345 pages 35 illustrations 1 chart $5.50

Authors:

Florence J. Terry, B.S., R.N., P.T., O.T.R.
Board Member, The Rehabilitation Center of Greater St. Louis; Formerly chief nurse, Institute of Rehabilitation and Physical Medicine, New York University, Bellevue Medical Center.

Gladys Benz, R.N., M.A.
Chairman, Department of Maternal and Child Nursing State University of Iowa, College of Nursing, Formerly Supervisor of the Pediatric Department, Bellevue Hospital, New York.

Dorothy Mereness, R.N., M.N.
Director of the Program Psychiatric-Mental Health, New York University, School of Education.

Frank R. Kleffner, Ph.D.
Assistant Director, Division of Speech Correction and Pathology, Central Institute for the Deaf. Assistant Professor of Speech, Washington University, St. Louis.

WRITE NOW FOR EXAMINATION COPY

McAinsh and Co. Ltd.
1251 Yonge Street
Toronto, Ontario

Gentlemen: Please send me "Principles and Technics of Rehabilitation for Nurses." $5.50

Name.. School..

Position.................................. City.................................. Province..................................

The C. V. Mosby Company, 3207 Washington, St. Louis, Missouri

C.N. 2-57

THE CANADIAN NURSE
L'Infirmière Canadienne

VOLUME 53 **NUMBER 2**

FEBRUARY 1957

94 New Products
101 The Power of Enthusiasm .... *M. La Croix*
104 A Doctor Looks at Nursing .... *W. R. Wright*
109 Nursing Counsellors of the Federal Employee Health Service .... *E. M. Gordon*
113 Better Patient Care .... *Sr. M. Melanie*
117 L'Accréditation de l'Hôpital, Facteur de Progrès .... *Sr. St. Eugène*
119 Sélection
120 In Memoriam
121 Nursing Across the Nation
123 Le Nursing à travers le pays
125 Affiliation Programs .... *M. McPhedran*
130 Job Satisfaction in the Professions .... *H. S. Falck*
138 A Pre-clinical Student Looks at Nursing .... *M. Daley*
140 Sheehan's Disease .... *I. Clark*
142 Neurofibroma of the Spinal Cord .... *M. Lechuk*
146 Postpartum Renal Failure .... *K. Pyrch*
150 Book Reviews
159 News Notes
164 Employment Opportunities
176 Official Directory

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

Subscription Rates: Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00. U.S.A. & foreign: one year, $3.50; two years, $6.00.
In combination with the *American Journal of Nursing* or *Nursing Outlook:* one year, $7.00.
Single copies, 35 cents.
Make cheques and money orders payable to The Canadian Nurse Journal.
Detailed *Official Directory* appears in **July & December.**
Change of address: Four weeks' notice, and the *old* address as well as the new are necessary.
Not responsible for Journals lost in mail due to incorrect address.
Authorized as Second Class Mail, Post Office Department, Ottawa.
National Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.
Member of Canadian Circulations Audit Board.
1522 Sherbrooke Street West, Montreal 25, Quebec

PLATING MILK

MICROBIOLOGY AND PATHOLOGY

By: Charles F. Carter, B.S., M.D. and Alice L. Smith, A.B., M.D.

PLATING MILK is an experiment to count bacteria. Nursing students conduct many such culture studies in microbiology and pathology. They incubate colonies and test their virulence by injecting them in an animal. This way they learn why animals catch disease, and why when immunized they don't. How disease producing organisms enter the body, and leave. They also learn microbes have an industrial use, like the gas forming ones that blow holes in swiss cheese. Carter and Smith write lucidly of these two sciences, thus injecting a little culture of their own. Once a nursing student dips into these pages, she learns.

1956 970 pages 313 illustrations $6.50

WATCH FOR THE NEW EDITION!

PRINCIPLES OF MICROBIOLOGY

By: Charles F. Carter, B.S., M.D. and Alice L. Smith, A.B., M.D.

Scheduled for release in Spring, this new third edition will have up to date material. Chapters will be rearranged for greater teaching ease. Subjects like cat scratch disease, salk vaccine, and antibiotics will be discussed for the first time. This is an authoritative text you won't want to miss. Write for your examination copy now — it will be shipped to you on release.

WRITE NOW FOR EXAMINATION COPY

McAinsh and Co. Ltd.
1251 Yonge Street
Toronto, Ontario

Gentlemen: Send me the book(s) marked with (X)

☐ Carter-Smith "Microbiology and Pathology"
☐ Carter-Smith "Principles of Microbiology"
(3rd edition shipped on release)

Name.............................. School..............................
Position.............................. City.............................. Province..............................

C.N. 2-57

The C. V. Mosby Company, 3207 Washington, St. Louis, Missouri

Between Ourselves

SERVING AS HOSTESS to a large convention within a matter of weeks following election to the presidency of a provincial nurses' association is enough to daunt many nurses. Not **Marie Angela La Croix**! With an easy grace she extended her official welcome, thanked speakers, was here or there to iron out a momentary wrinkle — just as if she had been doing that sort of large scale entertaining all her life. Perhaps it is the combination of French and Irish blood that made her so definitely the "perfect hostess."

Born and educated in Saskatchewan, graduated from Misericordia Hospital, Winnipeg, our guest editor has served in many capacities at her Alma Mater. Before her enlistment with the South African nursing unit in 1941, she had been successively night supervisor, head nurse and supervisor in the central dressing room. She transferred to the R.C.A.M.C. and was attached to hospitals stationed in England, later on the continent. She enrolled in the McGill School for Graduate Nurses following demobilization specializing in administration in schools of nursing. Before accepting her present post as assitant director of nurses at Misericordia, Miss La Croix engaged in private nursing for a year.

Manitoba nurses have taken long strides in improving the calibre of the educational program provided for the student nurses as you will learn as you peruse the report Miss La Croix has written.

* * *

Many nurses were very much taken aback — some were vocal in their annoyance — when the newspaper summary to two physician's conclusions regarding nursing were printed last autumn. Another doctor, who had worked with provincial nurses' committees and was very much aware of the present day problems in nursing education, expressed very different views when he addressed the medical fraternity in New Brunswick. We do not recall seeing press releases on **Dr. W. Ross Wright's** address. Happily, it appears in this issue where you may read it for yourself.

* * *

How can a student nurse secure the maximum benefit from the periods she spends in affiliation at specialized hospitals? The Registered Nurses' Association of Ontario set up a special committee to search out the answers to that question. **Margaret McPhedran's** summary of the findings will be of interest and profit to nurses in every province.

* * *

Two letters — one from the secretary of a chapter on behalf of her associates, one from a nurse who was interested on her own account — have been received concerning a possible series of short articles relating to the conduct of business meetings, committee activity, etc. We realize full well that nurses are not renowned as "letters-to-the-editor" types but before beginning a series of this kind we feel it is essential to find out if there is any felt need for help through a moderately simplified form of **parliamentary procedure**. Questionnaires could be sent out to chapters, alumnae associations, and so forth, but it seems so much simpler to ask the question right here — do you think it would be helpful? This is one instance where the saying "silence means consent" is not applicable. Please let us know.

* * *

As this copy is being written in mid-December the painters are just completing a complete redecoration job of the eleven rooms that comprise the *Journal* offices. With everything so freshly clean, it seemed an excellent time to hold "open house" so that nurses in the environs of Montreal could come and see our set-up. Accordingly, a tea is being planned for Saturday, January 19, 1957. It will be all over long before you are reading these lines but a cordial invitation is extended to nurses in every part of the country to visit us when next you are in Montreal. We would love to show you around, demonstrate how the changes of address you send in are quickly and efficiently processed, give you a glimpse of your *Journal* office in action. The address is within easy walking distance of the main business district, the hotels, the railway stations. So pop in and see us while you are waiting between trains or for an appointment.

People come in three classes: the few who make things happen, the many who watch things happen and the overwhelming majority who have no idea what happened.

A compendium of principles, spiritual aids, and concise answers regarding Roman Catholic personnel, patients and problems.

FIRST HANDBOOK OF ITS KIND

Moral Handbook of Nursing

by
Rev. Edward J. Hayes
Rev. Paul J. Hayes *and*
Dorothy Ellen Kelly, R.N.

Written for the Catholic or non-Catholic nurse who is confronted with problems concerning her Catholic patients — as well as hospital administrators, teachers and others connected with the nursing profession who need readily accessible information in this field. It is the result of the authors' wide experience in hospitals, at home and under emergency conditions.

PRACTICAL FEATURES

Handy pocket-size — complete enough for a course in ethics in a Catholic school of nursing — brief enough to be used as a reference — up-to-date and well indexed — extensive illustrations and bibliographies. **$2.50**

Easy to use, complete reference to thousands of facts

Information Please Almanac

edited by DAN GOLENPAUL

Paper-covers $1.25 **Hard-covers $2.50**

USE COUPON TO ORDER

BRETT-MACMILLAN LTD.
25 Hollinger Rd., Toronto 16

Please send me....................copies of
☐ Hayes:
MORAL HANDBOOK OF NURSING.... $2.50
Golenpaul:
INFORMATION PLEASE ALMANAC
☐ Paper-covers $1.25
☐ Hard-covers $2.50
☐ Please send free catalog of nursing books.
NAME ....
ADDRESS ....
CITY ....PROV...............
CNJ

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

POLYGESIC

Manufacturer—Bristol Laboratories of Canada Limited, Montreal.

Description—White and orange dry filled capsule. Each capsule contains: Polycycline (tetracycline HCl) 125 mg., acetylsalicylic acid 150 mg., phenacetin 120 mg., caffeine 30 mg., bristamin (dihydrogen citrate) 25 mg.

Indications—Infections due to tetracycline susceptible organisms in which it is desired to combine an analgesic effect with broad spectrum antibiotic therapy.

For the prevention of secondary pyogenic complications following viral infections of the upper respiratory tract.

Administration—Adults: 2 capsules followed by 1 to 2 capsules, 3 or 4 times per day.

Children: 6 to 12 years of age — one half the adult dose.

PHOSPHO-SODA (Fleet)

Manufacturer—Charles E. Frosst & Co., Montreal.

Description—Each 100 cc. solution contains sodium acid phosphate 48 gm. and sodium phosphate 18 gm.

Indications—As an aperient or mild laxative, purgative or laxative following over indulgence in alcohol or food and as a urinary acidifier.

Administration—For most satisfactory eliminating action, phospho-soda should be diluted in a half glass of water, and taken on an empty stomach preferably on arising. As salines are assisted in action by water taken with the dosage, an additional glass of water may be taken to help insure completely satisfactory laxative action.

Laxatives should be taken only when needed and not routinely, except on medical advice, in order to avoid dependence. Laxatives should not be administered to relieve abdominal pain of any kind or when nausea and vomiting are present. For these conditions, medical advice should always be sought.

Contraindicated for patients on low sodium diets.

POLIOMYELITIS VACCINE

Manufacturer—Eli Lilly and Company (Canada) Limited, Toronto 13.

Description—An aqueous preparation of killed poliomyelitis viruses containing approximately equal amounts of types 1, 2 and 3. This is the official vaccine licensed by the National Institutes of Health and is prepared by the methods developed by Dr. Jonas Salk. It is preserved with mertholate (thimerosal, Lilly), 1:10,000, and stabilized with sodium ethylenediamine tetra-acetate, 7:10,000.

Indications—For active immunization against poliomyelitis.

Administration—Remove vial from refrigerator and allow to stand until the vaccine has reached room temperature. Immediately before withdrawing the vaccine, shake the vial to assure uniform distribution of the antigens.

Total immunizing dose — Three injections of 1 cc. each, given subcutaneously or intramuscularly. The original schedule used in the 1954 field trials of the vaccine provided an interval of one week between the first and second doses and four weeks between the second and third doses.

Salk has recently proposed an alternative schedule of two to four weeks between the first and second doses and seven or more months between the second and third doses.

The subcutaneous route is recommended for the series of three injections. The same dosage is used for children and adults.

The duration of protection from the initial immunization is believed to be at least one year. Booster doses may be given, but more specific information concerning their role will be forthcoming from current clinical studies.

Comment—Small amounts of penicillin and dihydrostreptomycin are added during the tissue-culture phase of manufacture. The usual precautions should be observed when the vaccine is administered to persons known to be sensitive to these antibiotics.

ROMICIL

Manufacturer—Hoffman-La Roche Limited, Montreal.

Description—A new antibiotic with a microbiological spectrum similar to penicillin and erythromycin. Has no cross-resistance to most of the commonly used antibiotics. Is well tolerated. No superimposed monilial infections, diarrhea, or perianal pruritus have been observed.

Indications—Effective against gram positive and some gram negative microorganisms, as well as against the larger viruses and rickettsiae.

Dosage—Adult: a total daily dose of 1.5 to 2 gm., depending on the severity of the infection, given in divided doses at 4 to 6 hour intervals. Children: a daily dose of 40 mg./kg. of body weight in divided doses, every 4 to 6 hours.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

McMASTER UNIVERSITY

School of Nursing

1957-1958

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A *Four-Calendar-Year* Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUDATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. *Bursaries are available in both years of this course.*

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

ANTUITRIN GROWTH

Manufacturer—Parke, Davis & Company, Ltd., Toronto.

Description—Extract of anterior lobe pituitary gland containing the growth hormone with small amounts of the thyrotrophic and gonadotrophic hormones.

Indications—Treatment of retarted growth due to anterior pituitary growth hormone deficiency.

Administration—60 to 100 units weekly, in injections of 20 to 50 units.

BARRIERE

Manufacturer—The British Drug Houses (Canada) Ltd., Toronto.

Description—A preparation of hydrocortisone alcohol in a special silicone vanishing cream base which is not easily removed from the skin by water or perspiration.

Indications—As an anti-inflammatory and antipruritic agent in a variety of skin conditions.

Administration—Apply 3 or 4 times daily to affected area. Do not apply in or near the eyes.

DELAUTIN

Manufacturer—E. R. Squibb & Sons of Canada, Limited, Montreal.

Description—17-alpha-hydroxyprogesterone caproate dissolved in sesame oil with 30 per cent benzyl benzoate. Each cc. provides 125 mg. of a 17-alpha-hydroxyprogesterone caproate. Contains 0.5 per cent chlorobutanol as a preservative.

Indications—Indicated to restore, maintain or regulate the cyclic function in pregnant and non-pregnant women; control pathologic conditions of the genital system; to determine estrogen and progesterone endogenous production and, in conjunction with estrogen for combined hormonotherapy.

Administration—Intramuscularly and according to the schedule supplied with the product or as directed by the physician.

MAREDOX

Manufacturer—Burroughs Wellcome & Co. (Canada) Ltd., Montreal.

Description—Each tablet contains 50 mg. Marzine brand cyclizine hydrochloride and 50 mg. pyridoxine hydrochloride. The tablets are pink in color.

Indications—For the prevention and treatment of nausea and vomiting of pregnancy.

Administration—One tablet per day, taken either at night or on arising.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

PSYCHIATRIC
NURSING COURSE

The Hospital for Mental Diseases, Brandon, Manitoba, offers a 6-month Diploma Course in Psychiatric Nursing to Registered Nurses.

Applicants accepted in November of each year. Salary while taking course: $205 per mo. less $25 per mo. for full maintenance.

Upon completion of course nurses are eligible for positions on Permanent Staff.

For further information apply:

Superintendent of Nurses,
Hospital for Mental Diseases,
Brandon, Manitoba.

UNIVERSITY OF MANITOBA
COURSES
FOR GRADUATE NURSES

The following one-year certificate courses are offered:

1. **Public Health Nursing.**
2. **Teaching and Supervision in Schools of Nursing.**

For information apply to:

Director
School of Nursing Education
University of Manitoba
Winnipeg, Man.

SENILEX-50 CAPSULES

Manufacturer—Mowatt & Moore Ltd., Montreal.

Description—Each capsule contains: Leptazol 200 mg., nicotinic acid 50 mg.

Indications—Mild degenerative cerebral vascular conditions of increasing age.

Administration—One capsule 3 times daily or as prescribed.

THIADOXINE

Manufacturer—J. M. Marsan & Co. Limited, Montreal.

Description—Each cc. contains: Thiamine HCl 100 mg., pyridoxine HCl 100 mg., chlorobutanol 0.5%.

Indications—Nausea and vomiting during pregnancy and radiation therapy.

Administration—For intravenous use only.

TESSALON

Manufacturer—Ciba Company Ltd., Montreal.

Description—Synthetic cough sedative. Acts both centrally and peripherally on the cough reflex, is well tolerated, causes neither nausea nor constipation, non-addicting.

Indications—Cough of bronchial or pleural origin, where cough sedation is indicated.

Administration—Adults: 1 or 2 perles (50-100 mg.) 2 or 3 times daily. Children: 1 perle 2 or 3 times daily. Swallow without chewing and, if necessary, with a liquid.

Use with caution in the presence of abundant bronchial secretion, where expectoration should be favored.

Vi-dom-A-C ORALETS

Manufacturer—Dome Chemicals Inc., **Can. Dist.:** Professional Sales Corporation, Montreal.

Description—Each oralet contains: Synthetic vitamin A 50,000 U.S.P. units, vitamin C 500 mg., pleasantly flavored.

Indications—Suggested for treatment of acne vulgaris.

Administration—One tablet twice daily, placed in the mouth and allowed to dissolve slowly for buccal absorption. May be chewed and swallowed if necessary.

Why is it that when operating room scenes are shown in the movies or on T.V. the surgeon always asks only for a scalpel?

The only person who has the right to run the other fellow down is the elevator man.

For the well-being
of your patients

TAMPAX

intravaginal protection
during menstruation.
Three absorbencies.

CANADIAN TAMPAX
CORPORATION LIMITED
Brampton, Ontario

QUEEN'S UNIVERSITY SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

Degree Course, 5 years leading to BNSc. Degree.

Graduate Nurses

a. Degree Course, two years.
b. Diploma Courses, one year.
Public Health Nursing
or
Teaching and Supervision in Schools of Nursing.

For information apply to:

**DIRECTOR
SCHOOL OF NURSING
QUEEN'S UNIVERSITY
KINGSTON, ONTARIO**

DALHOUSIE UNIVERSITY

Courses for Graduate Nurses

The School of Nursing offers 1-year Diploma Courses in the following fields:

1. **Public Health Nursing.**
2. **Teaching & Supervision in Schools of Nursing.**

Apply:

**THE DIRECTOR,
SCHOOL OF NURSING,
DALHOUSIE UNIVERSITY,
HALIFAX, N.S.**

PSYCHIATRIC COURSE FOR GRADUATE NURSES

The **Verdun Protestant Hospital** offers to qualified Graduate Nurses a six-month certificate course in Psychiatry. Classes in ***Spring*** and ***Fall.***

Living accommodation & Allowance provided.

For further information apply to:

**Director of Nursing
Box 6034
Montreal, Que.**

PSYCHIATRIC NURSING COURSE

The ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY OF THE ROYAL VICTORIA HOSPITAL offers six-month courses in Theory and Practice in *Psychiatric Nursing* to *Graduate Nurses* in good standing in their own province.

Classes — Spring and Fall.

Complete maintenance or living-out allowance, meals in hospital and uniform laundry for the first three months. General duty rates the second three months.

For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

MONTREAL NEUROLOGICAL INSTITUTE
McGILL UNIVERSITY
GRADUATE COURSE
in
NEUROLOGICAL AND NEUROSURGICAL NURSING

Classes: Feb. 1 & Oct. 1

Complete maintenance or living out allowance. General staff salary after 2nd month.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.,
Montreal, Que.

ROYAL VICTORIA HOSPITAL
School of Nursing, Montreal

COURSES FOR GRADUATE NURSES

1. A four-month clinical course in *Obstetrical Nursing.*
2. A two-month clinical course in *Gynecological Nursing.*

Salary—After second month at General Staff rates.

For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

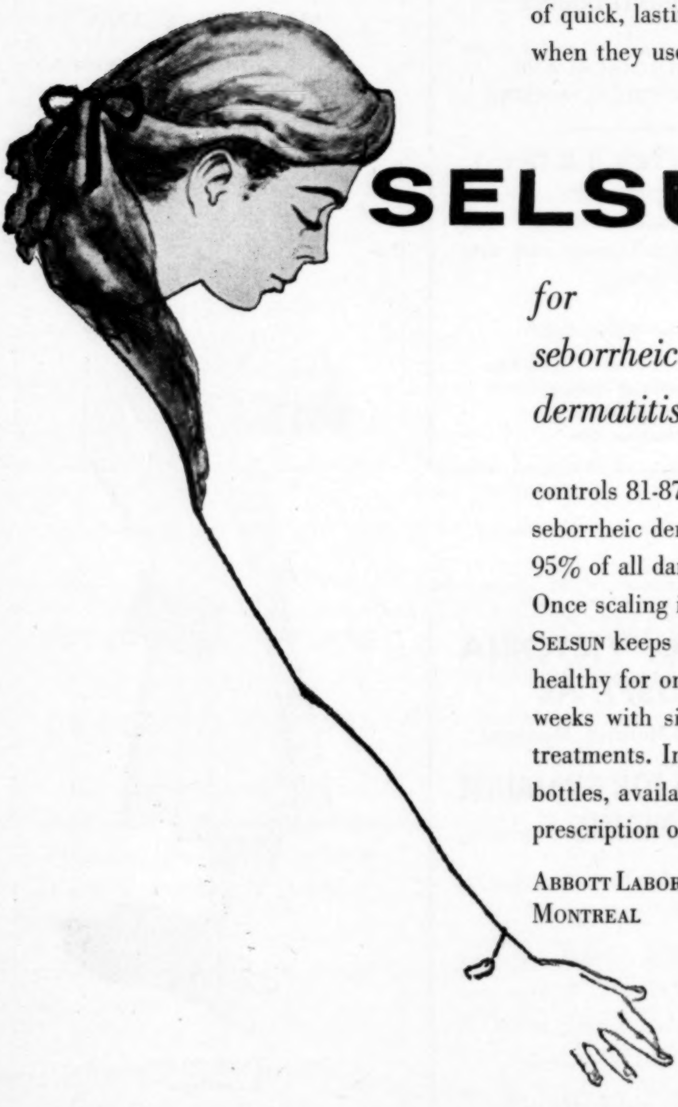
YOU'RE NEATER,
YOU'RE MORE COMFORTABLE,
YOU'RE MORE SECURE —

IN A UNIFORM
MADE BY BLAND
AT A PRICE WELL WITHIN YOUR PURSE

Would you like a Catalogue?

Made and sold by

BLAND & COMPANY
2048 UNION AVE. - MONTREAL



when patients complain of itching, scaling, burning scalps — they can be sure of quick, lasting control when they use

SELSUN®

for seborrheic dermatitis

controls 81-87% of all seborrheic dermatitis, 92-95% of all dandruff cases. Once scaling is controlled, SELSUN keeps the scalp healthy for one to four weeks with simple, pleasant treatments. In 4-fluidounce bottles, available on prescription only. Abbott

ABBOTT LABORATORIES LIMITED
MONTREAL

®SELSUN Sulfide Suspension / Selenium Sulfide, Abbott

THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 53 NUMBER 2

MONTREAL, FEBRUARY, 1957

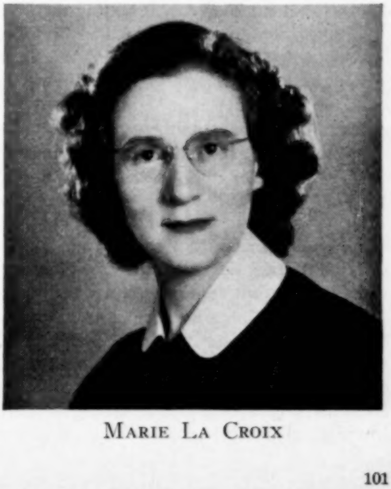
The Power of Enthusiasm

In Manitoba, as elsewhere in Canada, the past two years have been busy ones, especially for our enthusiastic, energetic Nursing Education Committee who have revised "The Policies and Standards for Schools of Nursing in Manitoba," as well as the Course Outlines of the Curriculum.

Forty years ago, at the first convention to be held in Winnipeg, the need for legislation to standardize the work in training schools was emphasized. The complaint was made that any hospital having *five* beds or more could profess to be a training school for nurses, give a three-year course, and train so-called graduates. There was no standard in such institutions and no curriculum of studies. The consequences were incompetent nurses.

Since that first convention, and for the past 25 years, there has been an increasing effort to change the structure and pattern of nursing schools, in order to give competent preparation for adequate nursing service to our patients. The concerted effort in this direction in Manitoba might be dated from the publication of the Weir Report in 1932. Phenomenal advances in medical science have changed the scope of nursing service, and multiplied the knowledge and skill required of the professional nurse. Of necessity, the process of curriculum revision is a major function of our Association. That revision has been a gradual, continuous, and democratic process to which conferences, workshops, institutes and committee groups have contributed, especially since 1946.

Our most recent workshop was held from June 27 to 30, 1955, inclusive,



Marie La Croix

at the nurses' residence, St. Boniface School of Nursing, under Sister Delia Clermont's chairmanship. The objectives were:

1. To review, consider, and prepare for publication, course outlines presented by the sub-committee on Curriculum of the Nursing Education Committee.
2. To discuss, and make decisions regarding the use of the National League of Nursing Licensing Tests, in lieu of the registration examinations of the M.A.R.N.
3. To discuss the clinical experience requirements for the Curriculum and for registration in Manitoba.

Faculty groups were organized with a group leader, each one containing members familiar with the various areas of instruction in the Curriculum — in other words, similar to a faculty group in a school of nursing but representing a cross section of nurses from various schools.

Group leaders met with the members of the Nursing Education Committee and the Curriclum sub-committee to discuss further suggestions and recommendations from faculty groups. From this discussion it seemed clear that:

1. There was agreement for the inclusion of three new courses, namely, Psychology, Sociology, and Introduction to Medical Science.
2. The revised Curriculum should be adopted by all schools of nursing on or before September 1st, 1956.
3. That the first draft of the revised Curriculum be considered a tentative guide only, and that it be multigraphed rather than printed.
4. That the course in First Aid should be integrated into the Curriculum in the areas where it logically belongs and the Red Cross First Aid Manual be used for instruction.
5. That the possibility be investigated in individual schools of giving the nurse obstetrical experience in the management of normal delivery under medical supervision.

The meeting also drafted the Table of Instruction hours, and the number of days of required clinical experience, item by item.

It was suggested by one group that each school of nursing decide the type of educational program best suited to its needs, and recommended the following:

1. Complete block system;
2. Partial block system;
3. One class per day throughout the three years;
4. A combination of the above three systems.

In discussion of the placement of courses in the Curriculum, Miss M. Schumacher, chairman of the sub-committee on Curriculum, emphasized the merits of flexibility in application to permit integration in the educational program of individual schools of nursing, so that the instructor can plan to meet the demands and the student's needs. Learning experience must be selected on the basis of the student's needs. There is no reason for all schools to move in an exact pattern. Flexibility does not mean a lowering of standards, but does mean meeting the needs of a particular situation. It is the cooperative planning of the faculty that decides the direction and content for any given program.

The June, 1955 workshop was attended by 221 members of the M.A.R.N. All members felt they had gained considerable knowledge from the free discussion of topics of mutual interest and the sharing of experience. One of the advantages of working in a workshop was that on the last day of the week, each group that had concentrated on one individual course presented its work for consideration of the whole group. In this way some errors and omissions were picked up, and every instructor present, no matter what her specialty, was exposed to the total mass of subject matter. More than one instructor commented that in no other way than by training over again could she have been brought up-to-date so adequately on what is taught in schools of nursing in Manitoba at the present time.

It was unanimously decided that the M.A.R.N. should adopt the National League of Nursing Licensing Tests for the evaluation of candidates for registration.

Since the June, 1955 workshop the schools of nursing have been using the new course outlines. The Nursing Education Committee has continued working on the revision of the "Policies and Standards for Schools of Nursing in Manitoba," which include:

1. Philosophy of nursing education

2. Definition of a basic course in nursing
3. Purpose and aims of a school of nursing
4. Control of the school
5. Definition of accreditation
6. The Accrediting Committee:
    (a) Purpose
    (b) Procedure
7. The Education Committee:
    (a) Faculty
    (b) Preparation of faculty
8. Registration by Certification
9. Information regarding the National League of Nursing Licensing Tests for registration examinations of the M.A.R.N.

As in the past, believing that nursing is an art, the intent of the "Policies and Standards for Schools of Nursing in Manitoba" is to provide sufficient instruction to enable nurses to give professional service with competence. It defines the basic minimum requirements upon which a school of nursing will be approved, under the Registered Nurses' Act. A school of nursing is free to supplement these requirements for the enhancement of its individual program, but the prime concept of all schools of nursing must be the preparation of the nurse for basic general nursing care.

These two manuals are essential guides for all directors of nurses and instructors. We are indeed grateful to the Nursing Education Committee and to all Manitoba nurses, who have so generously contributed to this project, for it is this constant endeavor, this spirit of enthusiasm, of "putting your shoulder to the wheel," which epitomizes our Manitoba nurses. Improved preparation of nurses results in improved nursing service to our patients.

Marie A. La Croix
President
Manitoba Association of
Registered Nurses

Applications for the I.C.N. Congress

Have you been metaphorically kicking yourself that you had not filed your application with the CNA to go to Rome? If so, it is a lucky day for you.

There have been a number of cancellations of reservations that had been made earlier. National Office has advised that there is a strong possibility that the I.C.N. will extend the deadline for the return of the application forms. Thus, **it may still be possible for you to obtain a form.**

Write immediately to National Office, Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, Ontario.

In The Good Old Days

(*The Canadian Nurse* — February, 1917)

In considering modern ideas of sanitation, I think I may safely say that dirt, *per se,* causes no form of disease but it does prepare the way. A foreign element must be introduced. Guarding against this entrance I consider the acme of disease prevention for immunizing the human race is only partially practicable.

* * *

The tuberculosis sanatorium is a necessity as a hospital but it is not the means to eradicate the disease. Rather, it is a means for propagating tuberculosis for it gathers the patients from all around yet leaves the hot bed producing the disease almost intact.

* * *

The first symptom of a bedsore is a pricking sensation similar to the feeling before a "cold sore" comes. Such a symptom is a humiliation to a good nurse. The doctor's attention must be directed to the area at once and his treatment carried out.

* * *

If the urban population were supplied with filtered or equally pure water, the thousands of cases of typhoid fever that occur every year would be prevented. It is estimated that one person in every fifteen who contracts the disease dies from it. Valuing human lives at $3,600 each, the annual toll of loss runs high.

* * *

Figs split open form excellent poultices for boils and small abscesses.

A Doctor Looks at Nursing

W. Ross Wright, M.D.

As I have been representing the Medical Society of New Brunswick for the past several years on at least two nursing committees, I welcome the opportunity to deliver to you a report of my findings and my impressions regarding nursing.

During the past 25 years, medical knowledge has increased tremendously. New treatments, new drugs, and new types of equipment have been added to our armamentarium creating greater demands on nurses today. They must know more than the nurses of 25 years ago and they must be skilled in the performance of many treatments that were formerly given only by doctors. Only recently have nurses been permitted to give intramuscular medication. This is now a routine nursing procedure everywhere. How long before intravenous treatments follow the same course?

In this age of specialization, we find the general practitioner asserting himself and reminding us that the patient must be considered as a whole and not as an aggregate of organs with isolated functions. Psychosomatic is a familiar word in the medical parlance. Consequently, we find that nurses are now realizing the need for increased consideration of the psychological and psychiatric aspects of nursing.

Not only do we expect nurses to provide the best of bedside care for sick patients, which includes bathing, feeding, and bedmaking; but we also expect them to administer the various drugs and treatments. What is more important, we expect them to act as eyes and ears for the attending physicians. We depend upon their ability to observe accurately and to recognize symptoms which are of significance. We depend upon their judgment, whether to report immediately by telephone or to delay reporting until time of daily ward rounds.

Not only is there a demand for increased training, increased ability and the finest human understanding in the individual nurse, but there is also an increased demand for trained nurses.

In Canada in 1930 there were 17 Registered Nurses per 10,000 population.

In Canada in 1955 there were 35 Registered Nurses per 10,000 population.

There are ten times as many nurses employed in hospitals as there were 25 years ago, and during that time the number of hospital beds has doubled. There are three times as many public health nurses today and still there is need for many more. The Victorian Order of Nurses and the Canadian Red Cross Society employ registered nurses. Trained nurses are being employed more and more by industry. Trans-Canada Airlines takes many of our registered nurses, and doctors are finding more and more that the services of nurses are indispensable in conducting office practices.

Today, in Canada, there is a great lack of nurses who are trained in administrative and supervisory work. The need for adequately trained personnel to staff our general hospitals, tuberculosis hospitals, and mental hospitals is far in excess of the supply. This also applies to the teachers — both classroom and clinical instructors. All the schools of nursing throughout the country are short of adequately trained teaching personnel, and in many cases the services of qualified persons are not being used to the best advantage.

The History of Nursing

Let us now for a moment look back into the history of nursing and find out, if we can, just how the nursing educational system has arrived at the place which it occupies in present day society. When we look at the word "nursing" itself, we find that its origin is in the words "to nourish." The instinct of self-preservation has prompted mankind from the beginning of

---

Dr. Wright, of Fredericton, N.B., president of the N.B. Medical Society, chose "Nursing" as the theme of his presidential address.

time to nurse the young, the sick and the aged. Medicine and nursing have long been very intimately associated, and in studying ancient history, it is difficult to differentiate between the two. However, as we trace the progress of medicine and nursing to more recent years we find that the two have been completely divorced.

In the cultures of Egypt and India, medicine and nursing had reached a very high degree of excellence. It is interesting to note that in India the nurses were usually young men, although in the majority of cultures nursing was mostly carried out by women. The Greek civilization, which in the 5th Century B.C. produced Hippocrates, the father of modern medicine, also developed nursing science to a very high degree. The next great man to influence both medicine and nursing was Galen who lived from 130 to 200 A.D. Galen's influence lasted until the 15th Century when Vesalius, an anatomist, Paracelsus, a physician, and Ambroise Paré, a surgeon, were bold enough to question Galen's teaching.

Christianity has had a great influence upon the evolution of nursing. We read in the book of Luke of a man who was travelling from Jerusalem to Jericho and fell among thieves who stripped him, wounded him, and left him to die, and of a Samaritan who took pity on him, bound up his wounds, brought him to an inn, and took care of him. Here we have an example of nursing care. This teaching followed the Christians when they went through Greece, through Rome and later through Europe. In the Dark Ages we find that practically all of the nursing that is recorded was done in the monasteries where both the nuns and monks participated in the care of the ill. These religious orders have persisted to the present day and are still carrying on nursing care.

During the reign of Henry VIII in England we find that the monasteries were suppressed and that nursing suffered as a consequence. No alternative plan was made for nursing care when the monasteries were forced to give up this function. The low ebb to which nursing had sunk is well illustrated by Dickens in his characterization of Sairey Gamp. The nurse of that period, Mrs. Gamp, is described by Dickens, as:

> A fat old woman, with a husky voice, and a moist eye which she had a very remarkable power of turning up and only showing the white of it. Having very little neck, it caused her much trouble to look over herself, if one may say so, to those to whom she talked. She wore a rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond. Mrs. Gamp's nose in particular was somewhat red and swollen, and it was difficult to enjoy her society without being conscious of the smell of spirits. Like most persons who have attained to great eminence in their profession, she took to hers very kindly; in so much that, setting aside her natural predilections as a woman she went to a lying-in or a laying-out with equal zest and relish.

Although Mrs. Gamp was already employed by a patient during the day, she went to do night watching; and the report which she received from the day nurse, Mrs. Prig, was as follows:

> "The pickled salmon," Mrs. Prig replied, "is quite delicious. I can particularly recomment it. Don't have nothing to say to the cold meat for it tastes of the stable. The drinks is all good. The physic and them things is on the drawer and mankleshelf," said Mrs. Prig cursorily.
>
> "He took his last slime draught at seven. The easy chair ain't soft enough, you'll want his piller."

The total nursing care which Mrs. Gamp gave to her patient during that night is described in the following terms:

> Her patient a young man, dark and not ill-looking with long black hair. His eyes were partly open, and he never ceased to roll his head from side to side upon the pillow. Mrs. Gamp solaced herself with a pinch of snuff, and stood looking at him with her head inclined a little sideways as a connoisseur might gaze upon a doubtful work of art. Stooping down, she pinned his wandering arms against his side. "Ah," said Mrs. Gamp, walking away from the bed, "he'd make a lovely corpse."

There was no marked improvement in the situation until Florence Nightingale, the founder of modern nursing (1820-1910), revolutionized the practice and teaching of nursing. Florence

Nightingale, a cultured woman of great courage, fought against the artificial conventions of the society of her time. Because of the opportunity which presented itself in a time of war, she was able to gain recognition. As a result of her untiring energy, the death rate during the Crimean War fell from 400 per 1,000 to 22 per 1,000. Miss Nightingale established the training school for nurses at St. Thomas Hospital, which was financially independent because of the large sums of money which the British nation had given to her in gratitude for her services. It is interesting to note that this school was entirely independent and not under the jurisdiction or control of the hospital, although the facilities of the hospital were available for the training of nurses. Primarily, because of the lack of financial support, the training schools which followed this one came under the jurisdiction of hospitals, and when this happened, the service requirement of nurses in training became, at times, the dominating factor during the three-year course of training in many of the hospitals.

Let us now examine the Canadian scene in nursing, focussing our attention on New Brunswick. We find that many hospitals throughout Canada have their own nursing schools and that the type of education which the nurses have received in each of these hospitals has varied greatly. In some, the service requirements have been so great that the amount of time actually devoted to teaching was at a minimum. In others, the hospital boards, realizing the importance of a well-trained nursing staff, have devoted a great deal of time and money to the training of nurses.

The Canadian Nurses' Association has long recognized the lack of uniformity and the inadequacies of training in the present system. In 1952 a statement, "Policies regarding Nursing Education," containing six major recommendations, was approved by the Canadian Nurses' Association. It emphasizes that:

> The preparation of the nurse should be an educational experience, and the method by which this can be best achieved is through an independent school which plans and controls the complete experience of the student. Government support of nursing education is an obvious corollary.

In 1927, the Canadian Nurses' Association and the Canadian Medical Association formed a joint committee to consider the problem of nursing education. As a result of this committee's work a Canada-wide investigation of the situation was undertaken by Professor George Weir, head of the Department of Education of the University of British Columbia. In 1932 the results of his investigation were published. Although many of his recommendations have been adopted, many major changes which he advocated still have not been implemented. For example, the following recommendations were made:

1. Hospitals conducting approved training schools should budget separately for the latter. As in the case of the normal school for training student teachers, the net cost of training student nurses should, in the judgment of the survey, be paid by the Provincial Government.
2. The approved training school for nurses should be considered as an educational institution rather than an economic asset to the hospital. From an educational point of view the eight-hour day is sufficiently long. Exploitation of the student nurses under the guise of educational training should be stopped.

In 1946, because of its belief that the present system of training nurses was out-moded, and inadequate to meet the requirements of the day, the Canadian Nurses' Association with the financial support of the Canadian Red Cross Society decided to try an experiment in teaching, and from 1948 to 1952 a demonstration in the Metropolitan School of Nursing of Windsor, Ontario, was conducted. Its main objectives were:

1. To establish nursing schools as educational institutions — separate entities in their own rights.
2. To demonstrate, if possible, that a skilled clinical nurse can be prepared in a shorter period than three years once the school is given control of the student's time.

In 1950 the Atkinson School of Nursing was developed in connection with the Toronto Western Hospital. The objectives of this school are:

1. To increase the number of recruits for the nursing profession.
2. To improve nursing education by giving the school complete control of the student's time and by substituting for the old three-year course a concentrated course of two years' instruction followed by a year of interneship.

The results of both of these experiments have been highly successful. They have shown that in a two-year course, it is possible to train a nurse in all aspects of her work as well as in the former three-year course, and, in addition, give her educational experience and knowledge which was not given in the old type of training. Some interesting figures on the cost of nursing education have also been obtained. There is a very close parallel in the figures between the two schools. The estimated cost of the Metropolitan School was $2,500 per student for a two-year period. In the Atkinson School of Nursing the total cost was $2,604 per student for a similar two-year period. In controlled schools cost of a three-year hospital course was estimated at $3,900 per student or $1,300 a year. Surely very few of our hospitals have any conception of the cost of operating a school of nursing. In fact, if actual costs were known, some of our Boards of Trustees might hasten to find means of closing their schools and obtaining nursing service on the open market; provided, of course, that an adequate supply of trained persons were available.

Miss G. B. Carter, acting as a nursing consultant with the World Health Organization, in the May, 1956 issue of *The Canadian Nurse* makes the following statement:

> The argument which would do more than anything else to convince the hospital authorities, public and private, would be research demonstrating that the apprenticeship system with its high turnover and wastage of labor is economically unsound.

Now let us look at the situation in New Brunswick. We have at the present time 14 schools of nursing. The total for Canada in December, 1955 was 178. In December, 1955 the enrolment of students in New Brunswick was 662. The largest school had an enrolment of 147 students, the smallest 11.

This year in New Brunswick there is one class with only one student and another class with only two.

In 1955 there were four schools with no qualified classroom instructor and ten schools with no clinical instructor.

In all the schools in the province of New Brunswick there were seven qualified clinical instructors and 16 qualified classroom instructors.

There are eight hospitals in New Brunswick with schools of nursing whose average bed occupancy is less than 100 and of these two have an average bed occupancy of less than 50.

Today in the nursing profession a spirit of unrest and dissatisfaction is prevalent. Each year for the past decade or so, the average length of time that a nurse stays in any one position has become shorter and shorter. This constant changing of key personnel is a very disturbing factor to the administrators of hospitals.

Again I would like to quote from Miss G. B. Carter. In the May, 1956 issue of *The Canadian Nurse* she says:

> Nor have the hospital schools known how to make the best use of their qualified nurses. All too often staff nurses and head nurses have been given positions for which their apprenticeship training has not really fitted them. It is tempting to ask whether some of the difficulties now confronting the nursing profession may not be due to a steady tendency to select for promotion the student able to stand up to the perpetual rush in a busy hospital and to get the work finished, rather than the thoughtful, sensible, educated woman, anxious to serve her patients and to know the reasons for the care she has to give. There can be little doubt that many nurses are lost to the profession from a sense of frustration and impotence rather than from any lack of love of the profession they so ardently wished to enter.

What then are the answers to the dilemma in which the nursing profession now finds itself? How can this sense of frustration, all too evident at times, be overcome? How can the problem of the shortage of ward supervisors and classroom instructors be solved? What steps can be taken to keep well trained and well qualified nurses in key positions for more than a few months?

The problems are many; and, as always, one of the greatest is the financial one. How can the expenses of nursing education be met? Let us first of all ask ourselves if our present system of making patients pay for the teaching of the nurses is the correct procedure. Not only must the poor sick man today pay for his own nursing care, while he is in the hospital, but he must also pay for training the nurses who take care of him. Nor does it end there. He must pay in addition the educational costs of nurses in public health, the Victorian Order of Nurses, Department of Veterans' Affairs Hospitals, Trans-Canada Airlines, doctors' offices, industry, and all other occupations in which nurses today find employment.

If this is the correct procedure, then the hospitals, and ultimately the sick, should be asked to support the medical schools in our country. Such is not the case. Medicine has before this burst the shackles of the apprenticeship system of education. The maintenance of nursing schools is just as important to society as the maintenance of teachers' colleges or the maintenance of our universities which provide educational facilities for medicine, dentistry, engineering, law and other professions.

If independent, government-financed schools of nursing are the solution to the problem, then what should be the minimum educational requirements of a nurse? Surely it is not possible for those taking care of the sick to be too well educated. Sir Richard Livingston, president of Corpus Christi College of Oxford, England, in discussing the aims of education says this:

> Its chief aim is to help to make human beings. Its second object is to introduce us to the world into which we are born in order that we may understand enough to live in it intelligently and learn to control it.

And finally he states:

> If I were to give in a single phrase the definition of an educated man I would say that he is a man who knows what is first rate in as many fields of life as possible.

The best educated and the most highly cultured people are needed in the nursing profession today. We need not fear over-education, but Pope's maxim, "A little learning is a dangerous thing," is still true. How many times have we heard it said that a nurse does not need a college education in order to give a patient a drink of water, make a bed, carry a bed-pan, and provide the ordinary care which every person in hospital needs? How true this is! We now have come to look upon caring for a patient as the function of a team and in recent years nursing assistants have been brought into the picture. The greater demands that are now being made upon our registered nurses make it essential that more people be recruited and trained in the field of nursing assistants than ever before. If this nursing team is to function as a smooth-working unit, then it is essential that the nurses' association take active leadership in fully developing this group. Nursing assistants should form a large part of the nursing staff in the hospitals of today. The nurses' association should not only control the education of the nursing assistants and clearly define the extent of their duties, but it should also seek legislation to incorporate this group as an integral part of the nursing team.

The relatively short-term employment for key positions must be overcome, if efficiency in nursing is to be attained. In the first place, salaries must be commensurate with training and experience. When the salaries of head nurses, supervisors, and teachers in the nursing profession are brought to a level comparable with those in other walks of life, we can hope that more nurses will choose these fields as their life work.

There is also a place for men in nursing — not as glorified orderlies, but as well-educated men who will give leadership and fill responsible positions in teaching and administration. Once a living wage is established whereby a man may choose nursing as a lifetime career, then we may once again hope to have positions filled for years instead of months. With the acute shortage of nursing personnel in our mental institutions, there are now many opportunities for employment of male nurses in this field.

Staff nurses today spend a large portion of their time doing secretarial work — such as charting, requisitioning, and other documentation. Surely this is a waste of valuable nursing time. Important as charting may be, this could be done by a competent secretary, under the direction of a nurse in a fraction of the time it takes the nurse to do it under the present system of long-hand writing. If supervisors were relieved of the pen-pushing, there would be more time for supervision.

The shortage of nurses has reached a critical stage. The teaching methods of a century ago are *not* adequate for the nursing profession of the present generation. I have endeavored to present some of the causes of this distressing and so far unsolved problem.

A survey has been conducted in this province during the past year by Miss Kathleen Russell. Her report has been released and I would urge each member to study this report carefully.

We of the medical profession have been asked by the nursing profession to help them provide the type of nursing service which we require and expect of the nurses of today. Not only should we be willing to acquiesce in this request, but we should be prepared to give leadership in this very important field.

Nursing Counsellors of the Federal Employee Health Service

ETHEL M. GORDON

THE FEDERAL Employee Health Service or "Civil Service Health Division," the name by which it is generally known, is a part of the Department of National Health and Welfare. The Act of Parliament incorporating this Department gave the Minister responsibilities for the health of all Canadians, and specifically for the promotion and conservation of the health of federal civil servants and other government employees. Thus, recognition was given to the growing trend whereby progressive employers provide health supervision for their workers.

The activities of the Civil Service vary according to the many responsibilities of the Federal Government on both national and international levels. "National Defence," "National Research," "Geological Surveys," "External Affairs," "Foreign Trade," — the names of these and other government services conjure up the complexity of skills and functions which make up this great organization.

The Federal Service employs approximately 140,000 persons across Canada and in foreign postings. Ottawa, our Capital city, has the largest concentration of federal employees, where some 35,000 work in the various government buildings. These people are a cross section of Canadian citizens, with the same needs and strengths as any other group. In this vast working force almost every profession and type of work is represented — clerks, stenographers, skilled and unskilled laborers, experts in many fields, ad-

ETHEL M. GORDON

Miss Gordon is Chief Supervisor of Nursing Counsellors in the Civil Service Health Division, Department of National Health and Welfare, Ottawa.

ministrators, scientists, statisticians, etc.

The Civil Service Health Division functions within this interesting framework under the immediate direction of the Medical Chief, Dr. E. L. Davey. At the outset some ten years ago a Health Centre (or Medical Centre) combining the administrative and clinical facilities of the division was established in Ottawa. This Centre is staffed by four medical officers, two nurses, laboratory and x-ray technicians and the consultant psychiatrist and psychologist; it is also headquarters for nursing supervisors and the supervisor of social welfare services.

During this period of development a small staff of nursing counsellors was employed to work in Health Units in the various government buildings. A Health Unit is a self-contained establishment set up in a government building and directed from the Health (or Medical) Centre of this division. It consists essentially of a waiting room, a treatment room, nursing counsellor office or offices, quiet or rest rooms and storage space. The term "nursing counsellor" was used in the beginning to emphasize the health counselling and teaching function of the professional nurse in the government seting. This first nucleus of nursing counsellor staff was an integral part of the professional team which pioneered this service. These nurses had served in various fields of nursing — public health, visiting nursing, industrial nursing, the R.C.A.M.C., to mention a few. They were posted in Health Units in various government buildings before the service had fallen into any very fixed pattern. Enthusiastic about their new venture, they were convinced that their nursing experience could be used as a positive force in their two-fold responsibility of:

1. Providing health counsel and guidance to the individual employee.
2. Assisting departmental personnel on matters affecting the health and welfare of employee groups.

The team work built in the formative years of the service is now one of its strongest aspects, with the nursing counsellor an important part of the team. Her numbers have increased as the various government departments have requested her service. Now more than 40 nursing counsellors are posted in Health Units in 20 of the government buildings in Ottawa.

In her Health Unit, the nursing counsellor is in close touch with the department served and its employees. Through continuing staff education, supervisory and consultant visits to her Unit, and the ever-present telephone, she can avail herself of the services of any other member of the team — doctor, nursing supervisor, social welfare supervisor, psychiatrist, psychologist.

Employees come to the nursing counsellor for various reasons: most departments have routine return-to-work visits following illness, and induction visits to the nursing counsellor for all new employees; workers may come "on their own" or be referred by an immediate supervisor to discuss individual or family health problems with the nursing counsellor. Although emphasis is placed on referral when necessary, to the Division's Health Centre and to the various community agencies, more than 90 per cent of the cases seen in the Unit are handled by the nursing counsellor and returned promptly to their work without further referral. There is evidence to suggest that the nursing counsellor service has effected a reduction in sickness absenteeism; statistical studies made by several departments show such a trend. Last year one Department made a comparative study of the sick leave taken by a group served by nursing counsellors and a similar group in an outlying area, with no nursing counsellor in attendance. The group not served by a Health Unit had taken almost twice as much sick leave as the other group. The official who presented the survey commented, "the employees served by the Health Unit are either more robust or more conscious of taking care of their health."

In the course of a year a number of medical and public health nursing students and other interested visitors come to observe this service. Not long ago the Division was visited by a nurse from another country observing nursing in Canada. She was intrigued by the nursing counsellors' work and asked many penetrating questions when she was taken to one of the

Health Units. To round out this story, here are some of her questions and comments and the answers given her by the nursing counsellors:

Visitor What would you say is the most interesting feature of your work?

Nursing Counsellor I find it all a very interesting branch of nursing. One thing that fascinates me is the many lives we touch that we never see through our contacts with employed members of families. I'd like to tell you about one working mother, a young widow, a rather quiet, retiring person. She came in to see me several times, complaining of severe headaches, and inability to concentrate at her work. A recent medical examination at our Health Centre had revealed no physical basis for her headaches, and there was no particular pressure in her work situation.

After several talks with the employee we found she was worried over her little boy aged three who, she said, was developing all sorts of fears, becoming shy and withdrawn, refusing to eat, and making up stories about his Daddy who wasn't there any more. Once the subject was opened up, she talked freely about the adjustment it has been for her to be out of the home placing the little fellow in the Day Nursery each day. As she talked she began to see how her own fatigue and reactions might be affecting the child and how she could be more objective about the situation.

We advised her to have a frank talk with the head worker at the Nursery, telling her of the child's background and the behavior patterns she is noticing. She had this talk at the Nursery. She and the worker there are working together on it now with very good results. The mother tells us the child is much happier and more friendly now. He is gradually overcoming his fears. Incidentally the mother isn't having any more headaches and her work performance is back to normal. In a case of this kind an interview with our consultant psychiatrist is sometimes arranged; in this particular instance it hasn't seemed necessary.

Visitor I suppose you refer a number of cases to other community agencies?

Nursing Counsellor Yes, we do. Ours is primarily a referral agency, you know. Through our supervisor of Social Welfare Services we are kept in close touch with all the community resources, and we're always learning something more about this technique of referral and working with other agencies.

A cure for a headache

Visitor What about first aid and treatment? Surely you do some of this for the employees?

Nursing Counsellor Oh yes. We look after injuries and emergencies on the job, the same as any other nurse in the occupational setting. The Departments in this building employ mostly office workers, so we do not have many major accidents. But only yesterday we were called to help an employee who took a severe heart attack at his desk. We gave first aid, and on his doctor's advice took him to hospital by ambulance. As far as treatment is concerned — yes, we frequently give treatment under the direction of the employee's own doctor. This is usually arranged to save working time. For instance, a hypodermic injection to be given over a long period is frequently done by the nursing counsellor. For one senior official, we do a daily dressing; thus he has to make only periodic visits to his doctor. This official does highly skilled work. He has stated he could not have remained in his position had the nursing counsellor service not been available.

My last posting was in a department where atomic and other scientific research is carried on. There I found I had to be on my toes about the toxic properties of many substances. I was given special briefing on what symptoms to expect in overdosage of radioactive substances.

Visitor Speaking of office workers, do you come in contact with many who don't fit in well?

Nursing Counsellor Yes some, and sometimes our Division can help. Not long ago a personnel chief came to me about a stenographer whose efficiency rating was low, even after a transfer to a second location. The girl was young, from another province, and showed a real desire to do satisfactory work; moreover the personnel man was short of stenographers. We referred her to our consultant psychologist, who sees signs of real promise and independence in the girl and at present is helping her with her skills and encouraging her to stay with this, her first job.

Visitor Now what about working conditions for the employees? Is this in your field?

Nursing Counsellor Yes, anything that relates to their health and welfare is our concern. I might tell you about one group in particular — 100 employees working in a large open office in one of the older buildings. The ventilation was poor. A high incidence of colds was detected in the Health Unit. Morale was seemingly at rock bottom and we were receiving a constant stream of complaints. Each complaint was investigated from a health standpoint and the nursing counsellor watched the situation for several weeks. On her routine rounds of the building she had observed the crowded conditions in this section, but wanted to be sure the complaints were valid. In conversation with the supervisor of the section, she found that he too was concerned and was relieved to know that he and the nursing counsellor could work together on the situation.

Various measures were taken — such as airing the room at intervals and encouraging the employees to get out for a walk at noon. It was soon realized, however, that a long-range plan was needed, and the situation was referred to the environmental experts in the Occupational Health Division of our own Department of National Health and Welfare. A team of experts was sent in and their recommendations were implemented within a month — which is fast work in the government service! The inadequate lighting was improved. The room was painted in two colors to reduce the size concept. The employees were placed in altered positions, breaking them into smaller units; and the recommendation for a new ventilating system has been approved! The supervisor of the section has stated that morale has improved greatly and he is sure the improvements will have an effect on the alarming turnover of staff they have been having lately.

Visitor It is interesting to know that you work closely with other branches of the Department of National Health and Welfare.

Nursing Counsellor Yes, we all think this strengthens our work. The Nutrition Division is another branch the nursing counsellor turns to very often. Dr. Pett and his nutritionists keep us up to date on our teaching of nutrition. About a year ago, in cooperation with the Nutrition Division, nursing counsellors conducted a survey on the breakfast habits of employees. It was interesting to watch our teaching incidence for "nutrition" go away up. There have been some lasting improvements since that survey was done — for instance, several canteens now open half an hour before work begins, to serve a nourishing breakfast. Our Division has been consulted more than ever before about the setting up of government cafeterias and the kinds of food that should be served.

Visitor We hear a lot about rehabilitation. Do you consider the rehabilitation of the patient?

Nursing Counsellor We are constantly aware of this. I could give you several instances of employees being rehabilitated right now. The man who has suffered from alcoholism and other problems, who through our efforts is now with A.A. and who comes in sometimes just to "talk things over." The tuberculosis case diagnosed when we sent him for x-ray two years ago, and now back on the job after nearly two years in sanatorium. He has supervised rest periods in the Health Unit and is gradually getting back to a full day's work.

Visitor You have these Health Units in Ottawa. What about other cities?

Nursing Counsellor I believe the original plan was for this Division to set up some similar service in other cities where there are large groups of federal employees but so far this has not been done. Although tentative plans call for expansion, the government has not yet seen its way clear to embark on this program of expansion beyond Ottawa.

Visitor Now just one more question. Have you any standing procedures which you use in all of these Health Units?

Nursing Counsellor Oh, yes. We have our "Nursing Counsellor Manual." To tell the truth we are just a little bit proud of it because the nursing counsellors have worked on it as a project along with our supervisors and consultants. This book contains our medical standing orders, and outlines all our main policies and procedures. We use it as a guide and refer to it very often. It is helpful for new nursing counsellors, too, because there's a lot to learn in a service like this.

With these and other questions the visitor was given a brief look at this service of occupational health nursing. As she went on her way the nursing counsellor hurried to the waiting room to see who was needing her attention.

Better Patient Care

Coordination of Functions of Head Nurse and Clinical Teacher

Sister M. Melanie, B.Sc.

Although the accepted objectives of modern-day hospitals are four in number, the one we are all most familiar with is concerned with giving care to the sick and injured by providing the personnel and facilities for satisfactory physical, mental and spiritual well-being. A second accepted function of our hospitals is education which most of us will agree is intimately associated with and related to our ability to provide quality care for our patients.

In order to carry out its purposes, every institution must have an organizational structure by means of which its functions will be realized. This organizational structure will be more or less complex depending upon, size, policies, and activities. In a hospital, there must be a well-organized department of nursing under the direction of a department head who is generally known as the director of nursing.

In many of our hospitals this department is subdivided into two areas: nursing service and nursing education. New ideas and broader concepts are bringing about significant changes which at some future date may result in these two divisions becoming autonomous departments in their own right. At present the usual pattern is to have an assistant or associate director of nursing education and an assistant or associate director of nursing service each responsible to the director of nursing. The associate in nursing education is chiefly concerned with the education of student nurses. The associate in nursing service is concerned chiefly with the activities related to the nursing care of the patient.

In this organizational hierarchy we find the head nurse who is a line representative of the nursing service assistant and the clinical teacher who is a line representative of the nursing

Sister M. Melanie

Sister Melanie, who is the Superior of St. Mary's Hospital, Montreal, was educational director when this article was written.

education assistant. Both of these important people carry out their activities in the clinical areas of the hospital and have a staff relationship to each other. While both must and do have the attainment of the accepted purposes of the hospital as their common objective, each will have her own specific goal. In the case of the head nurse it is the best possible care of her patient; that of the clinical teacher is the provision of an educational environment and educational opportunities for the students. One can readily understand that problems will arise in this situation. Unless there is very close coordination and a deep and sympathetic understanding between the clinical teacher and head nurse they will quickly arrive at a serious impasse or stalemate.

The clinical teacher is a comparative newcomer and a less well-known personality than the head nurse. The head nurse has long been recognized and accepted as a key figure in every smoothly operating nursing unit. She is responsible for the nursing service and the care of the patients in the unit. In the *Hospital Nursing Service Manual*[1], published by the National League for Nursing Education in 1950, we find outlined 15 broad functions of the head nurse. These include participation in the teaching program. Considering this long list of functions, and adding to it the ever-increasing administrative tasks which have fallen to her lot in the past few years as a result of medical advances and rapid patient turnover, we have come to realize that there is a definite need for some other person or persons to share the burden if the head nurse's work is to be performed efficiently and in a creditable manner.

A study of "Head Nurse Activities in a General Hospital"[2] was conducted in 1950 at the Massachusetts General Hospital under the direction of Margaret G. Arnstein, chief of the Division of Nursing Resources of the U.S. Public Health Service. Although this study was performed in a hospital in which the head nurse was expected to participate in the education of the student nurse by conducting ward and clinical conferences, it was found that less than one hour was devoted to each student over a period of 5 days. Only one quarter of this time was employed in planned instruction. Although it is true that this study reports only on the activities of the head nurse in one hospital, our experience and observation lead us to the conclusion that this situation is typical of what is happening in far too many hospitals conducting schools of nursing both in the United States and Canada. Since it is an accepted and unchallenged fact that hospitals that assume the responsibility of conducting schools of nursing must also assume the responsibility of providing good nursing education for its students, nurse educators are seeking ways and means to remedy this situation.

There seems to be little doubt that it is at the patient's bedside that the student learns to give complete and efficient nursing care. Therefore, experience in the actual nursing of patients in the hospital seems to be an important and necessary part of the education of the student. Directors of nursing, however, realize that the efforts of the students in the clinical area must be carefully directed and guided if they are to be truly educational. They are also aware of the fact that the head nurse is overburdened with administrative and service responsibilities. It is no longer feasible to expect her to carry as much of the burden of responsibility for the guidance and instruction of the student nurse as was formerly expected. With these facts in mind, and in an endeavor to safeguard the excellence of both patient care and nursing education, the clinical teacher or instructor has been introduced to the clinical area. This individual is exempt from the burden of administrative and service responsibilities. She is free to devote her time and talents exclusively to the educational needs of the students. Her prime responsibility lies in this very function.

The clinical teacher is a member of the school faculty, yet she spends the greater part of her time in the nursing service area. Although the prime function of the clinical teacher is guidance and teaching of the student it is not intended that she should entirely displace the head nurse and other members of the professional nursing staff from their role as educators. Every nurse in the nursing unit has a contribution to make and carries some responsibility for the education of the student. The statement has been made that good nursing care can only be learned in situations where quality nursing is provided for the patients. Miss Clare Dennison, has the following to say on the subject:

> Nursing service and nursing education are so integrated, so interdependent, and so useless when dissociated that we who try to direct in both fields rarely think of either as a separate entity. We are certain that the quality of nursing service cannot be maintained if the standards of nursing education are inadequate, and we are certain that nursing education is a waste of effort unless it is expressed in good nursing care. We know that no matter how carefully designed or well taught our curriculum may be, the achievement of the average student will be on the exact level of the nursing care which . . . she has seen practised.[3]

From such a statement we can understand how the quality of nurse education and patient care are intrinsically interwoven and related to each other. Upon the head nurse and her nursing staff must fall the responsibility of providing the proper clinical atmosphere in which the student will observe and learn good nursing. They must, through their association with the patient, his family and friends, the doctor, social worker, clergy, dietitian and other members of the health team, set the standards and furnish the pattern for professional behavior and quality nursing.

The clinical teacher, although a member of the school faculty and directly responsible to the educational director will spend the greater part of her time in the clinical area. She must carry our her activities in coordination with the head nurse and should never work independently of her. It is only when such coordination and cooperation is of major concern to both parties that good rapport will prevail. Both nursing education and patient care will be viewed and understood in their proper relationship and in true perspective.

It has been said that, "probably one of our major weaknesses is that nursing service personnel do not clearly understand their obligations for nursing education, and may not know how such obligations may be fulfilled."[4] It is too often true that a similar statement may be made in reference to the school faculty. Perhaps they do not know or fail to appreciate fully the many problems with which the head nurse has to contend. She is perhaps relying on student nurses to carry a certain amount of nursing service responsibility. These same students are whisked away to class or conference just when the ward seems busiest and every patient seems to require special attention.

To prevent the obvious weakness which will certainly follow as a result of such a lack of understanding of each other's problems, both the head nurse and the clinical teacher should be very familiar with the techniques and skills of effective communication. They should be well-versed in the art of interpersonal and human relations. This subject of effective communications is one about which we are hearing a great deal today. It occupies a very important place on the agenda of every successful business enterprise. It deserves the special attention of everyone in the field of health since we are constantly dependent upon good communications in dealing with patients and personnel. One author[5] has defined communications as "the art of developing understanding." To achieve this understanding which makes for harmonious relationships and team activity, the head nurse and the clinical teacher should first be mature individuals. They should be motivated by high ideals and Christian principles and should cherish and practise the virtues of faith, hope and charity with constancy and fortitude. They should be thoroughly familiar with the overall aim of the institution and understand that their specific activities must be in harmony with this aim at all times. Each should be ready and willing to recognize and appreciate the importance of the specific goal of the other and to understand the problems associated with its attainment. The head nurse and clinical teacher must be flexible and ready to adjust their schedule and routines to meet the needs and demands of the moment. At the same time they must adhere to first principles and safeguard standards.

Techniques and measures which have proven their usefulness in furthering communications, improving relations and promoting coordination and harmony should be used freely and continuously. Included among the tools of effective communications should be:

Familiarity with the organizational chart of the hospital and, in particular, the department of nursing.

An intelligent understanding of functional relationships.

Well defined policies.

Clearly outlined functions and responsibilities.

Identification and discussion of problems which may arise.

Frequent informal discussions as well as regular planned weekly conferences.

An impartial department head or special coordinator who thoroughly understands the problems of both nursing education and nursing service and who will act as liaison between the two.

In situations where the suggested devices are employed, mutual understanding should result and a combined effort which is the mark of a healthy spirit of teamwork should prevail. Generally speaking, the details and actual activities which may be expected to bring about this type of coordination of effort must be planned and worked out in each individual situation. What may be found to work well in one situation may not prove satisfactory in another. All types of variables will enter into the picture. Clinical teachers and head nurses should expect to spend time planning for their own particular unit. However, if the director of nursing and her associates in nursing service and nursing education comprehend the total situation, the head nurses and clinical teachers should experience no great difficulty.

It is of the utmost importance that all concerned should be thoroughly imbued with the idea that good nursing is essential to good education and that good education can never be achieved unless it goes hand in hand with good nursing. Once this idea is thoroughly understood and accepted neither education nor nursing will be sacrificed at the expense of the other. This coordination will result in better patient care.

References

1. American Hospital Association and the National League of Nursing Education, Hospital Nursing Service Manual, 1950.
2. U.S. Public Health Service, "Head Nurse Activities in a General Hospital." 1950.
3. Dennison, Clare. "Maintaining the Quality of Nursing in the Present Crisis," 48th Annual Report N.L.N.E.
4. Owen, Sister Mary Ruth, *Hospital Progress*. August, 1955.
5. Hall, Hiram S., "Communicating with Others," *American Journal of Nursing*, January 1953.

A new type of cerebral vascular accident has been reported. The discovery may have solved a 2,400-year-old medical puzzle.

This new type of stroke results when the brain does not receive sufficient blood to function properly because of stenosis of cerebral arteries and a drop in blood pressure. There are at least 12 causes of this cerebral vascular insufficiency, ranging from hypotension due to heart irregularities to severe hemorrhage. They have demonstrated the stroke in experimental animals and in some human cases.

Four other types of cerebral vascular accidents are recognized by physicians: (1) brain hemorrhage, (2) cerebral thrombosis, (3) cerebral embolism, and (4) cerebral artery spasm.

Hippocrates puzzled over the newly explained cerebral vascular insufficiency type of stroke more than 2,400 years ago. He found that a patient who had suffered a stomach hemorrhage also suffered brain damage.

The investigators said that elderly patients who also suffer from cerebral arteriosclerosis are the most likely victims. With arteries already narrowed, a drop in blood pressure or hemorrhage elsewhere in the body will further deprive the brain of necessary blood.

When this happens, the patient's systemic blood pressure must be promptly restored or permanent brain damage may result. This can be accomplished through the use of vasoconstrictors or blood transfusions.

— *Scope Weekly*

L'Accréditation de l'Hôpital, Facteur de Progrès

Soeur St. Eugène, f.c.s.c., B.A., B.Sc. Inf.

En jetant un regard sur nos hôpitaux, quelle infirmière n'est pas ravie d'étonnement devant les incalculables progrès réalisés en peu de temps dans le domaine hospitalier? La valeur scientifique de nos institutions a atteint un degré de perfection qui commande la confiance du malade et l'admiration du public. Parmi les nombreux facteurs qui ont contribué à cet essor, l'accréditation de l'hôpital ne serait-elle pas le plus important? Pour peu que l'on connaisse les exigences de l'accréditation, il semble bien qu'elle ait été le stimulant merveilleux qui a conduit les hôpitaux vers le progrès que nous sommes en mesure de constater actuellement.

Le soin des malades hospitalisés étant en grande partie confié aux infirmières, comment pourrions-nous demeurer indifférentes et ignorer ce que signifie de progrès pour un hôpital la réponse aux exigences de l'accréditation? Les nombreux projets de l'Association des Infirmières Canadiennes sont une preuve de notre désir de marcher au pas avec le développement des hôpitaux. Pour mieux nous convaincre du progrès que laisse entrevoir la prochaine accréditation des écoles d'infirmières, considérons l'évolution de l'hôpital qui s'est conformé aux exigences de l'accréditation et la répercussion de cette évolution sur le nursing.

Chaque hôpital a le devoir de donner le meilleur soin à ses malades en leur assurant le confort physique, la sécurité, un personnel compétent, des facilités de diagnostic et de traitement selon les découvertes scientifiques modernes. De nouvelles techniques ont été adoptées, des transformations importantes ont été entreprises antérieurement par tous nos hôpitaux pour réaliser pleinement leur but. Toutefois, ces efforts étaient individuels. Le public, ignorant de la multiplicité des problèmes hospitaliers, était plus impressionné par la structure d'un hôpital que par la qualité scientifique des soins qu'on pouvait y donner, et l'administration elle-même s'inquiétait moins de la tenue des dossiers médicaux et l'organisation du personnel médical que de la propreté des murs et des parquets et du nombre imposant d'opérations chirurgicales.

Nous le savons, la valeur de l'hôpital ne dépend pas de la beauté de son architecture et de la richesse de son mobilier mais de l'esprit de dévouement, du désir de mieux servir le patient qui animent son personnel. En un mot, l'hôpital moderne doit être la rencontre de l'esprit scientifique, de l'esprit social et de l'esprit de charité. Ces observations sont fondamentales, mais il est si facile de se leurrer ou de se tromper quand il s'agit de répondre à une question comme celle-ci: "Votre hôpital assure-t-il le meilleur soin aux malades?" Nous aurions peut-être la tentation de nous féliciter et la faiblesse de croire que tout est fait pour le patient chez nous, si nous n'avions pas la possibilité actuelle d'obtenir un examen sérieux des services de notre hôpital selon des normes bien établies par la Commission Mixte de l'Accréditation des Hôpitaux.

Pour être accrédité, un hôpital doit répondre à des exigences très précises tant au point de vue administratif que scientifique. L'accréditation de l'hôpital n'est pas un but en soi mais sûrement un facteur puissant pour la réalisation des progrès en vue d'un soin intrégral du malade.

L'hôpital doit progresser constamment pour obtenir et maintenir la reconnaissance officielle de la Commission. Dans le concret, il est facile de constater par exemple que les standards ont poussé les institutions à reviser leur organisation matérielle. Le patient est assuré maintenant que dans un hôpital accrédité, toutes les mesures

---

Soeur St. Eugène est la directrice du service du nursing à l'Hôtel-Dieu de Sherbrooke, Qué.

de sécurité ont été prises pour prévenir les incendies, les explosions, la contamination, que tous les moyens de diagnostic et de traitement modernes sont à la disposition des médecins pour hâter sa guérison. Il suffit de visiter les départements de laboratoire et de radiologie, de prendre contact avec le personnel qualifié de ces départements pour se convaincre de la rapidité avec laquelle nos hôpitaux ont évolué pour le bénéfice du patient. Tous les services de l'hôpital ont ainsi été affectés par les standards de l'accréditation, aussi bien la surveillance et la préparation des aliments que l'organisation de la pharmacie et le contrôle des médicaments.

Mais cette organisation matérielle n'a rien de comparable au développement de la pratique médicale à l'hôpital selon les standards de l'accréditation. Le patient, et même souvent l'infirmière, ignorent que l'évolution scientifique est en grande partie redevable à l'organisation du personnel médical, tel que le demande la Commission Mixte de l'Accréditation des Hôpitaux pour la plus grande protection du malade. C'est ainsi que par de nombreux comités, par des discussions de cas, par la revue et l'analyse régulière du travail clinique, le statut professionnel des médecins est amélioré et le malade mieux traité. Qui pourrait évaluer la somme de progrès réalisés dans le soin du malade par la fidélité du corps médical à maintenir les standards de l'accréditation tels que ceux-ci: rédaction de dossiers médicaux complets, y compris l'histoire de cas, l'examen physique, les constatations journalières, les nombreuses consultations, la tenue de cliniques médico-chirurgicales, de conférences anatomopathologiques? Savons-nous que dans un hôpital accrédité, le comité des tissus étudie chaque intervention chirurgicale pour la justifier ou non? Sommes-nous consciente de l'amélioration du traitement apporté par la revue de chaque dossier aux réunions d'un comité y sacrifiant son temps et ses efforts?

Ces quelques activités sont une partie essentielle de la vie du corps médical organisé dans un hôpital possédant une reconnaissance officielle. Aujourd'hui, l'hôpital réclame du praticien qui soigne dans ses murs, une science que la bonne volonté ne saurait remplacer. Des qualifications sont requises dans chaque spécialité, et le médecin, quoique autonome dans l'exercice de son art, est soumis à des règlements bien définis qui n'ont d'autre but que la sécurité du malade. En répondant aux standards, nos hôpitaux modernes ont donc multiplié leurs efforts pour améliorer la pratique d'une profession qui n'a d'égales à ses succès que les lourdes responsabilités qui y sont attachées.

Le département du nursing étant un élément essentiel de l'organisation hospitalière, il est de toute évidence qu'il ne pouvait se soustraire aux regards scrutateurs de la Commission Mixte. Les standards de l'accréditation pour cette section, bien que très concis, représentaient pour l'hôpital une réorganisation du service du nursing. C'est ainsi qu'une hiérarchie bien définie a été établie avec une démarcation précise des responsabilités et des obligations de chaque groupe formant le personnel affecté au soin des malades.

Les membres chargés des fonctions administratives du nursing doivent, dans l'hôpital accrédité, posséder une formation spéciale et avoir fait preuve de leur compétence au service des malades. De plus, l'accréditation exige qu'une étroite collaboration existe à tous les niveaux et que de fréquentes assemblées soient tenues afin de discuter les problèmes concernant le soin des malades.

Cela nous amène à dire que l'accréditation est un facteur de progrès non seulement au point de vue administratif mais également au point de vue éducationnel. Par l'évolution actuelle et l'atmosphère de coopération qui existe dans l'hôpital accrédité, le perfectionnement de nos infirmières est nécessairement influencé. Nous le voyons par les activités des hospitalières qui, non seulement doivent avoir une connaissance vague des exigences de l'accréditation, mais qui continuellement doivent apporter la plus étroite collaboration pour le maintien des standards. Comment le médecin pourrait-il à lui seul réaliser tout ce que l'accréditation demande de lui s'il n'était soutenu dans son enthousiasme, d'une façon positive, par l'intérêt du personnel qui l'entoure?

Le soin du malade étant devenu un travail d'équipe, chaque membre du personnel hospitalier, en contribuant à maintenir la reconnaissance officielle, bénéficie lui-même du progrès de l'institution. L'hôpital accrédité n'offre-t-il pas à l'étudiante-infirmière une expérience clinique des plus complètes par son organisation matérielle et scientifique, par l'influence d'un personnel compétent dont tous les efforts tendent vers un meilleur soin aux malades? Le progrès de l'hôpital ayant une répercussion incontestable sur la formation de nos infirmières est d'une importance capitale pour la profession elle-même.

Il serait très long de montrer en détail comment l'accréditation a influencé la marche de nos hôpitaux vers le progrès que nous sommes en mesure d'apprécier. Pour qui veut se convaincre de ce fait, il suffit de comparer l'hôpital d'aujourd'hui répondant à toutes les exigences de la Commission Mixte de l'Accréditation des Hôpitaux et cette même institution autrefois indépendante dans son organisation et son fonctionnement.

Devant l'évidence d'un tel progrès obtenu en grande partie par l'accréditation des hôpitaux, comment s'étonner que la profession d'infirmière, soucieuse d'avancement, songe à établir un nouveau programme d'évaluation pour ses écoles? Il est de notre devoir de seconder les dirigeantes de l'association dans l'étude de ce projet qui semble venir à point dans l'évolution du nursing.

Sélection

Hibernation Artificielle et l'Infirmière

L'hibernation artificielle est une attitude thérapeutique nouvelle quelque peu révolutionnaire: au lieu d'exalter la défense d'un organisme gravement atteint, elle en atténue les manifestations désordonnées qui risquent d'entrainer sa perte.

Elle consiste en une association médicamenteuse complexe, mise au point par le Dr. H. Laborit, en France. Plusieurs médicaments, agissant chacun à un site différent, inhibent les glandes de défense: hypophyse, surrénales, thyroïde, etc., et suspendent les influx nerveux à plusieurs niveaux. Ainsi préparé, le malade accepte le froid et la vie ralentie qu'il amène. Le froid n'est que secondaire, la plupart du temps léger et parfois nul, ce qui différencie l'hibernation artificielle, obtenue surtout par des médicaments, de l'hypothermie pratiquée dans certains centres américains où l'on s'appuie presque uniquement sur le froid; ces deux traitements sont bien différents.

Au cours de l'hibernation, une dernière chance est donnée à de grands malades chez qui les méthodes habituelles semblaient vouées à l'échec. Durant ces quelques heures ou jours de répit, tout sera mis en oeuvre pour corriger les désordres présents. L'infirmière ne quittera ce malade en aucun moment car il se trouve dans un état artificiel (hibernation artificielle) pour lequel il n'est point fait de par sa nature. Elle lui est indispensable et doit surveiller constamment sa respiration, son alimentation, etc. Le malade est absolument dépendant de son infirmière, encore plus que le bébé naissant qui, lui, peut bouger, tousser, etc. C'est auprès de ces malades que l'infirmière accomplit la totalité de sa mission; sans sa surveillance étroite, le malade perdrait ses dernières chances de survie.

Ces malades sont donc à surveiller de très près: les signes vitaux: le pouls, la pression artérielle, la respiration sont pris et enregistrés au quart d'heure ou à la demi-heure sur graphiques spéciaux. Les différentes courbes permettront au médecin de suivre de très près les réactions de l'organisme à l'hibernation, aux traitements spéciaux en cours, et plus tard, les réactions du patient aux tentatives d'échauffement.

Un nursing très minutieux est donc exercé auprès de ces malades. Il s'agira de libérer, s'il est encore temps, des parties de poumon atélectasiées, l'aspiration de sécrétions se fera très souvent en des positions différentes. Le malade est très fréquemment changé de position pour permettre le drainage de parties diverses du territoire pulmonaire.

Les dosages urinaires et autres ont une importance capitale et doivent être faits avec exactitude car ils permettront au médecin de suivre les besoins des malades en liquides et en électrolytes.

La garde-malade, dans son temps libre, devra en plus voir à la propreté générale du

malade, à l'entretien de sa peau pour éviter les plaies de lit, à la position de ses membres pour éviter les positions vicieuses avec paralysies ultérieures.

C'est vraiment auprès de ces malades que le nursing prend toute se signification et le résultat final de l'hibernation dépend, pour une bonne part, du nursing auquel est soumis le malade au cours du traitement.

MONIQUE RUEL, E.I.
LISE GRAVEL, E.I.

Extrait de *Entre-Choc,* journal des Infirmières de l'Hôtel-Dieu, Montréal.

In Memoriam

Amy Constance D'Espard, who graduated from the Toronto General Hospital in 1906 died on November 15, 1956 in Toronto. Miss D'Espard taught occupational therapy after World War 1. Later she attended the Ontario College of Art and taught there following her graduation, eventually assuming the position of librarian.

* * *

Mabel Hamilton, who graduated from the Lady Stanley Institute in 1913, died on November 1, 1956. Miss Hamilton served overseas in England, France and the Near East during World War 1.

* * *

Louise Henderson, who graduated from Brooklyn Hospital, New York died in Montreal on November 30, 1956. She was 94 years of age. Miss Henderson was a charter member of the first chapter of the Daughters of the British Empire in New York. She was the author of a textbook on nursing which was used in schools of nursing throughout North America.

* * *

Mary L. Jacobs, a graduate of Victoria Hospital, London in 1900, died in London in June, 1956. Miss Jacobs practised her profession in the United States for several years before coming to the Ontario Hospital, London as superintendent of nurses in 1923. She remained in this position until 1935 at which time she became superintendent of Sarnia General Hospital.

* * *

Fay (Nurse) King, who graduated from St. Michael's Hospital, Toronto in 1916, died following a long illness. She joined the Armed Forces shortly after graduation and served with them throughout World War 1. Later she engaged in private duty.

* * *

Annie (Parker Crocker) Lauchland, who graduated from the Royal Victoria Hospital, Montreal in 1904 died at Dundas, Ont., on November 14, 1956.

Mabel Keefer Lindsay, a graduate of the Royal Victoria Hospital, Montreal in 1898, died at Aylmer, Que. on December 8, 1956. Miss Lindsay served with the McGill University medical unit during World War 1 and was in Russia at the time of the 1917 revolution. Later she became matron of the Veteran's Hospital, Fredericton, N.B.

* * *

Euphemia Gladys Lyall, a graduate of Riverdale Hospital, Toronto, died at Algonquin Park, Ont. on October 20, 1956, when the car in which she was travelling swerved from the road and plunged into a lake. Miss Lyall was engaged in private nursing at the Mayo Clinic, Rochester.

* * *

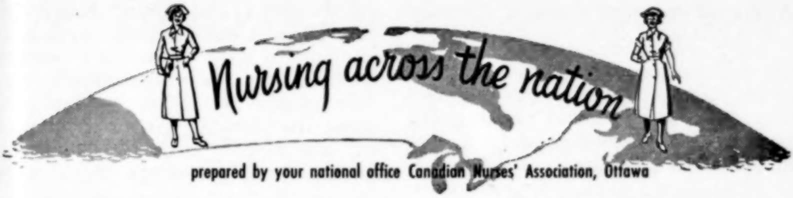
Margaret Jane (Dickie) Preece, who graduated from Belfast City Hospital, Ireland, in 1932, died following a car accident near Ladysmith, B.C. on August 12, 1956. Mrs. Preece had engaged in institutional and private nursing in Ireland, and was on the staff of Nanaimo Indian Hospital at the time of her death.

* * *

Effie (Oppenheimer) Purvis, who graduated from St. Michael's Hospital, Toronto, in 1929 died on June 10, 1956 after a long illness. Following postgraduate study in psychiatry, Mrs. Purvis joined the teaching staff of the Ontario Hospital, Whitby.

* * *

Bertha Jane Willoughby, who graduated from Kingston General Hospital in 1908, died on October 30, 1956 at Lyndhurst, Ont. Following her graduation, Miss Willoughby became superintendent of nurses of her home school until 1912. In 1914 she joined the Canadian Army Medical Corps and became matron of No. 5 Canadian Stationary Hospital in Egypt. Later she became matron of No. 7 Canadian General Hospital in Etaples. For her distinguished record of service, Miss Willoughby was awarded the Royal Red Cross.


Nursing across the nation
prepared by your national office Canadian Nurses' Association, Ottawa

Canadian Joint Committee on Nursing

This committee, formerly known as the Canadian Commission on Nursing, met in National Office last fall. Its members include representatives from the Canadian Hospital Association, Canadian Medical Association, and Canadian Nurses' Association. It was agreed that the name of the commission should be changed to the Canadian Joint Committee on Nursing since this was considered a more suitable title for the committee. Meetings will be held regularly every year.

The terms of reference of this committee are:

1. To be a reference committee for problems in the nursing field which could be referred to the Committee from each of the representative groups.
2. That the Committee is prepared to study and review health problems relating to the field of nursing in various health services.
3. Where some joint action is to be taken, this group is to be the one to make the representation.
4. To be an informative body to bring each other up to date as to the work going on in the three organizations.
5. To have regular meetings, annually, to bring members up to date and discuss problems which have been referred to the Committee.

Nursing Stamp

Those who were in attendance at the June, 1956, CNA Biennial Meeting will recall that the Committee on Public Relations recommended that an approach be made to the Postmaster General requesting that a special postage stamp depicting nursing be issued.

In a recent communication from the Hon. Hugues Lapointe, Postmaster General for Canada, we have been advised that such will be possible. It is recognized that nursing is a field where women have earned an impressive record and have contributed to the nation's development. National Office has been asked to submit suggestions for the artwork and it would appear that the stamp may be issued in 1958.

Accreditation — What's Been Done?

To date, 300 Speaker's Kits on accreditation have been distributed in an endeavor to inform our general membership and the allied professions about accreditation as it relates to schools of nursing. Many chapter meetings will by now have had discussion of this important topic.

At a large meeting of the Women's Institute of Eastern Ontario held in Ottawa recently, our General Secretary spoke of accreditation.

The Joint Planning Committee of the Canadian Association for Adult Education met in Ottawa in November. In giving the report of the CNA the General Secretary discussed accreditation. At the request of the Committee, information with respect to accreditation of schools of nursing in Canada is going forward to all associations represented in the C.A.A.E.

This month in Winnipeg, the Presidents' Conference of the National Council of Women of Canada will be held. The topic presented for discussion by the CNA is "The Accreditation of Schools of Nursing in Canada." Suggestions offered by our Association on other occasions have always met with great interest. It is expected that in this instance also, local councils will be discussing this topic and perhaps calling on you for assistance.

This month the Committee on the Pilot Project of the Evaluation of Schools of Nursing will meet in Ottawa.

Regional Nursing Council Formed

A regional nursing council, including the directors of nursing from hospitals around Saskatoon and representatives from local hospitals and public health agencies, was formed recently in Saskatoon, Saskatchewan.

The aims of the council are:

1. To improve the standards of nursing care in hospitals through the exchange of ideas and experiences.
2. To study the methods of coordinating the various health and community services.
3. To provide an opportunity for the discussion of common problems. The council is the first formed in Saskatchewan, and the chairman is Miss Hazel B. Keeler, Director of the School of Nursing, University of Saskatchewan.

Student Enrolment

As of December, 1956, there were 2,148 students enrolled in 14 Canadian university schools of nursing. These students are engaged in studies in the basic undergraduate program, public health nursing, nursing education, teaching and supervision and some are undertaking part-time studies towards their degree.

V.O.N. Bureau for Health Information

The Ottawa Branch of the Victorian Order of Nurses for Canada has recently renewed the emphasis on its information services available to persons with home nursing problems. Information about the V.O.N. services has always been available to the public, but the public has not always realized how and what services are available. Citizens are invited to visit the V.O.N. office four afternoons a week where they can talk about nursing costs quietly and confidentially. Many citizens when faced with long term illness struggle to give home care without realizing the assistance which they may obtain. Designed primarily to assist the working girl, who may be the sole support of an ill parent, this service should definitely prove to be an asset to many in the community.

1957 Edition — Yearbook of Modern Nursing

The CNA has again contributed an article on nursing in Canada for the year 1956. At the request of the publishers, special emphasis was placed on public health nursing.

The American Peoples' Encyclopedia

In preparation at this time is an article on the CNA for inclusion in this Encyclopedia. Information about our Association is being requested from many and varied groups, and it is always a pleasure and a privilege to be able to provide it.

New Home for Association

Our best wishes are extended to the staff of the Registered Nurses' Association of Ontario as they settle into their new home at 33 Price Street, Toronto.

Month of Meetings — Ottawa

February 12-13 — Meeting of Executive Secretaries of Provincial Nurses' Associations.
February 13 — Committee on Finance — Core Committee Meeting.
February 13 — Meeting of Program Committee for 29th Biennial Meeting and 50th Anniversary of CNA.
February 14-16 — Meeting of CNA Executive Committee.

Shock due to acute blood loss is not necessarily associated with a rapid pulse and may, on the contrary, exist when there is a normal pulse and even bradycardia.

In studies on human subjects during the war, a group of volunteers were bled to determine the amount of blood loss that could be supported without symptoms of shock. In some cases, as much as 800-1,000 cc. of blood could be withdrawn before signs and symptoms associated with acute blood loss intervened. The treatment of hemorrhagic shock must be based on the attempt to increase circulating blood volume. For this reason, blood replacement and plasma volume expanders are the procedures of choice.

— *Scope Weekly*

Le Nursing à travers le pays

Comité Conjoint du Nursing

Ce comité, autrefois appelé Commission canadienne du Nursing, s'est réuni l'automne dernier au Secrétariat national. Il est formé de représentants de l'Association canadienne des Hôpitaux, de l'Association médicale canadienne et de l'Association des Infirmières canadiennes. Il fut décidé que le nom de ce comité serait désormais: Comité conjoint du Nursing, ce qui semble mieux convenir pour désigner un tel comité; il tiendra des réunions annuelles.

Les attributions de ce comité seront les suivantes:

1. Agir comme comité consultatif dans les problèmes de la profession d'infirmières qui pourraient lui être référés par l'un ou l'autre des groupes qui y sont représentés.
2. Etudier les problèmes concernant la santé et relevant du domaine du nursing dans les divers services de santé.
3. Se charger de faire conjointement des représentations s'il y a lieu.
4. Renseigner les uns et les autres sur le travail de leur association respective.
5. Tenir des assemblées régulières annuellement afin de tenir les membres au courant de son activité et de discuter des problèmes soumis.

Un Timbre sur le Nursing

Les infirmières qui ont assisté au congrès de l'Association des Infirmières canadiennes en juin 1956 se rappelleront que le Comité des Relations extérieures a recommandé que des démarches soient faites auprès du Ministère des Postes pour solliciter l'émission d'un timbre spécial représentant le nursing.

Une récente communication de l'Honorable Hugues Lapointe, Ministre des Postes du Canada, nous apprenait que ce projet était réalisable. C'est un fait reconnu que les infirmières ont fait leur marque dans le domaine du nursing et ont contribué au développement du pays. Le Secrétariat national a été prié de soumettre des dessins pour ce timbre qui sera probablement émis en 1958.

Accréditation — Ce qui a été fait

Jusqu'à présent, 300 enveloppes contenant de la documentation en matière d'accréditation, à l'usage des conférencières, ont été distribuées, dans le but de renseigner les membres en général ainsi que les professions connexes sur l'accréditation des écoles d'infirmières. Plusieurs associations des districts et chapitres ont déjà délibéré sur cette importante question. Lors d'une assemblée du "Women's Institute" de l'est de l'Ontario, tenue à Ottawa récemment, notre secrétaire générale parla de l'accréditation.

Le Comité conjoint de la Société canadienne d'Education des Adultes s'est réuni à Ottawa en novembre. En présentant le rapport de l'A.I.C., la secrétaire générale parla de l'accréditation. A la demande du Comité, des renseignements sur l'accréditation des écoles d'infirmières du Canada seront adressés à toutes les associations représentées dans la Société canadienne d'Education des Adultes.

A Winnipeg, au cours du mois de janvier, lors de la réunion des présidentes du Conseil National des femmes du Canada, le sujet présenté par l'A.I.C. sera "L'accréditation des Ecoles d'Infirmières du Canada." Les suggestions faites dans le passé par notre Association ont toujours été bien accueillies; nous espérons qu'il en sera encore ainsi et que la question de l'accréditation sera discutée dans les conseils locaux et que peut-être notre assistance sera requise.

En janvier aussi aura lieu à Ottawa une réunion du Comité d'Etudes préliminaires de l'Accréditation, le sujet à l'étude sera l'évaluation des écoles d'infirmières.

Conseil Régional du Nursing

Un conseil régional du nursing formé des directrices du nursing des hôpitaux de la région de Saskatoon et de représentantes des hôpitaux et des services de santé a été récemment créé.

Les buts de ce conseil sont les suivants:

1. Améliorer les soins aux malades des hôpitaux au moyen d'échanges d'idées et d'expériences.
2. Etudier les méthodes de coordination entre les services de santé et les services sociaux.
3. Favoriser la discussion de problèmes communs.

Ce conseil est le premier du genre formé en Saskatchewan; la présidente en est Mlle H. B. Keeler, directrice de l'école d'infirmières de l'Université de Saskatchewan.

Le Victorian Order of Nurses, son bureau de renseignements

Le V.O.N., section d'Ottawa, a récemment annoncé de nouveau le service d'information qu'il met à la disposition de ceux qui ont à faire face à certains problèmes concernant le soin des malades.

Quatre après-midi par semaine, le public est invité à visiter les bureaux du V.O.N. où l'on peut discuter à son aise et confidentiellement du coût des soins aux malades, etc. Nombre de gens souffrant de maladies chroniques, essaient de se tirer d'affaire seuls, ne réalisant pas l'aide efficace qu'ils pourraient obtenir. Institué en premier lieu pour venir en aide aux jeunes filles travaillant et étant souvent seuls soutiens de parents malades, ce service peut être utile à un grand nombre de personnes.

L'Annuaire du Nursing Moderne, édition de 1957

L'A.I.C. a une fois de plus contribué à faire connaître le nursing au Canada par la publication d'un article en 1956; à la demande des éditeurs l'on a insisté particulièrement sur le nursing en hygiène publique.

The American People's Encyclopedia

Un article sur le nursing au Canada est en voie de préparation pour publication dans cette encyclopédie. Des renseignements au sujet de notre Association sont souvent demandés par divers groupes; c'est toujours pour nous un devoir et un plaisir de leur répondre.

Nouveau domicile de L'Association des Infirmières Enregistrées d'Ontario

Nos meilleurs voeux au personnel de L'Association des Infirmières Enregistrées d'Ontario qui vient de s'installer dans sa nouvelle propriété à 33 rue Price, Toronto.

Mois d'Assemblées à Ottawa

Plusieurs assemblées auront lieu en février:

Les 12 et 13 février 1957 — Réunion des Secrétaires-registraires des 10 associations provinciales.

Le 13 — Comité des Finances — réunion du petit comité.

Le 13 — Réunion du Comité du Programme de la 29ième assemblée biennale et du 50ième anniversaire de l'A.I.C.

Le 14 — 15 — 16 — Réunion du Comité Exécutif de l'A.I.C.

Inscription aux écoles universitaires d'infirmières

En décembre 1956, il y avait 2,148 étudiantes inscrites dans les 14 écoles d'infirmières de nos universités canadiennes. Parmi ces étudiantes, il en a qui suivent le cours de base, d'autres, le cours d'hygiène publique, d'éducation en nursing, de surveillance et quelques-unes ne suivent que des cours afin d'obtenir d'ici quelques années leur baccalauréat en nursing.

Oral Antidiabetics

German clinicians, pharmacologists and other researchers have recently published the results of their studies on another sulfonamide drug for the oral control of diabetes. Known in Germany under several synonyms, including its laboratory title, D-860, and in the United States as Orinase, the newer drug differs from the former agent in that "it has no antibacterial action."

Criteria of selection of patients are essentially identical in the application of both drugs. The older the patient the more likely he will respond; the older he is at the onset of diabetes, the more effective the drug. A correlation between recentness of diabetes and successful management was "doubtful . . . The fat, sthenic type did best . . . 75% of these persons were able to carry on on D-860 alone, while only 20% of hyperthyroid types responded satisfactorily." Response was better in cases with hypertension than in uncomplicated cases. The greater the insulin requirement of the patient, and the longer it has been used, the less "the outlook for success" with any oral antidiabetic.

It would seem that D-860 in therapeutic doses is a well-tolerated and non-toxic substance. Intelligent selection of cases is important. No oral antidiabetic now known is a "cure for diabetes."

— *Scope Weekly*

RESEARCH

Affiliation Programs

MARGARET MCPHEDRAN, M.A.

ABOUT three years ago the Registered Nurses' Association of Ontario set up a committee to study affiliation programs in the field of pediatric, psychiatric and tuberculosis nursing. A report of this study has been distributed to schools of nursing and affiliate agencies in Ontario and no attempt will be made to present all the findings here. This brief article highlights only the most vital areas and explains some of the thinking behind the recommendations. The fields of pediatric, psychiatric and tuberculosis nursing were selected for study because they are the most commonly sought for affiliation. The suggestions made regarding these areas, however, are applicable to any field which a school of nursing might wish to use. The main points which are discussed are:

A. Maintaining continuity of experience for the students in the basic school of nursing.

B. Cooperative planning.

C. Evaluation of programs.

D. Common base of nursing education in affiliation programs.

A. *Maintaining continuity of experience for the students in the basic schools of nursing:*

The phrase "total nursing care" keeps reappearing in conversation and in magazine articles. A common interpretation of the meaning of the phrase is essential to effective planning for continuity of experience for the student in a basic nursing program. The concept of total nursing care is based upon the recognition of the unified personality of the patient: that his body, mind and spirit are interrelated and interdependent; that he belongs to a family and lives in a community; that his parents have provided his physical make-up and, in part, his mores, but that he is also a product of his community and its mores which may be in conflict with those of his family: that he is in fact first and primarily a person and only secondly a patient suffering from some pathological condition.

This concept of the total person who is the patient demands an educational program in basic schools which is continuous, integrated and flexible. The students must be enabled and assisted to grow in understanding of patient needs and in ability to provide for them. This means that the compartmentalization into separate units with little relationship between them, which can so easy be induced by affiliation, should be avoided and that a total program in which continuity is evident to both students and instructors should be developed.

Each area of experience, while new in some respects, it not entirely so. Basic priciples are applicable in each area and these do not change although the application of them changes in the varying experiences. In planning the program, attention is given to these basic principles thus providing the student with a continuity of experience by showing her the interrelatedness of all areas in nursing and enabling her to meet the total needs of all patients through the application of basic principles. Through such a positive approach the student can become increasingly competent in judging and discriminating the needs of patients and increasingly sensitive to the individuality of persons. Thus the quality of

---

Miss McPhedran is assistant professor in nursing with the University of Toronto School of Nursing. She was chairman of the R.N.A.O. sub-committee on Affiliation Programs.

her patient care is improved and she develops that sense of security which is essential to continued personal and professional growth.

Complete program planning, then, includes preparing the student for the affiliation, planning the experiences in affiliate hospitals, and arranging for the maximum use of these experiences upon return to the home hospital. Obviously, this cannot be merely planning the sequence of experience and/or weeks for a particular student in an affiliate center. First, it means beginning well in advance of the date of departure to prepare the student for the experience in the affiliate hospital. Second, it involves a plan carefully devised in cooperation with the affiliate schools, which, proceeding from basic principles, will make use of the present knowledge and skill of the student and impart new knowledge and skills. As has been said, this involves teaching always from basic principles, helping the student apply them in a variety of situations and helping her to see the common factors in the various areas of experience by concentration on similarities, rather than differences. Third, and finally, an over-all plan provides the student on her return to the home hospital with opportunities for applying the knowledge and skills she has learned while at the affiliate center.

The students' total program, home and affiliate, should be founded on these basic principles and all teaching should stem from them. This will provide a continuity of experience, even in disparity, because the interrelatedness of all nursing areas will become manifest to the student.

B. Cooperative Planning:

This provision of continuity is not easy to achieve because it demands the utmost cooperation between the home and affiliate hospitals. The problem is complicated by two factors:

1. The affiliate center usually provides for several schools of nursing which often means there is a considerable distance separating the two centers.

2. It is not customary for the home school of nursing to send an instructor to the affiliate hospital with the students. This makes it difficult to have a clear picture of what the student knows or needs to learn. Records and reports forwarded to the affiliate center do not always tell the extent of experience already received.

Recognizing the difficulties involved, the committee made several suggestions for surmounting them:

1. The boards of the institutions concerned should be made aware of the purposes and policies of the affiliation programs.

2. Consideration should be given to the establishment of regional conferences for personnel from the home schools of nursing and the affiliate center. Such conferences would provide:

a) Opportunities to reach mutual understanding of the problems and the plans of both parties.

b) Information to members of the conference about recent developments in various fields.

c) Opportunity to evaluate progress of the cooperative planning.

Such conferences should be held sufficiently often to keep personnel in the home schools of nursing and the affiliate centers informed of changing plans and policies.

3. A working committee from the above-mentioned conferences and other community agencies (e.g., representatives from public health agencies) should be appointed to plan the experience for the affiliating students. This committee would be advisory only regarding policies affecting the program in the affiliating center. It was felt that such a committee would support the directors of nursing and assist in providing continuity in the student's experience.

4. Each affiliate center would establish a conference for personnel from schools of nursing sending students to them. Consequently a school of nursing sending students to more than one center would be involved in more than one regional conference.

5. The school of nursing seeking affiliation should invite a representative from each affiliate hospital to visit and confer with their teaching staff. This would provide opportunity to:

a) Inform the representatives of the affiliate hospitals of policies in the home school of nursing.

b) Discuss ways and means of preparing students for experience in the affili-

NELLIE THE NURSE

She won't stop walking . . .

since she bought those wonderful

career girl *washable whites*

so comfortable, light and flexible made of surgical white washable leather, surgical white leather lined and with arch support.

White chrome tanned leather soles.

Can be kept sparkling white with only soap and water.

Narrow, Medium, Wide, Sizes 3½ to 10½

Made by
NARWIL SHOE CO. LTD.
2085 St. Timothee Street, Montreal, Quebec

Medic

$8.95

At better stores everywhere

1 PAIR FREE! For your cartoon ideas if adopted in our "She won't stop walking" series of advertisements.

This advertisement suggested by Miss Janet McKean, Saint Mary's Hospital, Montreal.

ate hospital and to utilize the experience gained at the affiliate hospital in a general hospital.

If, at first glance, these suggestions seem to demand a great deal of time-consuming planning, let it be borne in mind that pre-planning is usually, in the long run, economical both of time and effort and rewarding in results. Only through it can we give that continuity of experience which the long-range goal of preparing the student for a wider field of service demands. Although it is not a main objective, it is not unimportant that such cooperative planning might do much to alleviate the sense of isolation which so often lessens the efficiency of instructors in hospital schools. Contact with other schools can stimulate creativity and provide a deep sense of satisfaction which will improve the total work of staff and students.

C. Evaluation.

No program is complete without evaluation. The regional conference discussed above would be an ideal place to carry out an objective evaluation of the program since the various points of view would be considered. The students, too, although with limited knowledge of the total program, can provide valuable comments. The more thoughtful ones often pin-point a weakness which escapes our notice. The personnel in the affiliate hospital evaluate the student's capacity to adjust and to apply principles in new situations, and her increasing awareness and comprehension of the needs of the patients. The home school evaluates the experience in the affiliate center by providing the student with opportunities to apply what she has learned on her return to nursing in a general hospital.

D. Common Bases of Nursing Education.

Throughout the study, the committee was constantly impressed with the interrelatedness and interdependence of these three areas (pediatrics, psychiatry and tuberculosis) and of their relationship to every other field. They considered the most inmportant single field for study to be growth and development because it is basic to every aspect of nursing. It leads not only to the understanding of children, but of adults, and explains much of the regressive behavior of the ill, neurotic or psychotic adult. It also leads to a better understanding of self. The student, as a growing and developing individual, is enabled to understand and to accept herself and thus to understand and accept her patients.

It is hoped that this brief resumé of the R.N.A.O. report will serve to show the importance and the difficulties of students' affiliations and to point to some ways and means of making such experience a meaningful part of the student's total education.

Measuring Blood Velocity

A way has been devised of measuring in animals, the velocity with which blood is ejected at a given instant from the heart into the aorta. This advance, which will soon be applied to humans, may make it possible for scientists to calculate the power output of the heart and from this to judge the reserve power of the hearts of both normal persons and heart patients.

This information will be of great value to physicians and surgeons in determining the physical abilities and limitations of heart patients and in judging the risks of stressful experiences such as surgical operations. The velocity measurements are obtained by threading a slender flexible plastic tube through a small cut in a leg artery. The catheter is double, consisting of two hollow tubes fused side by side. Openings in the side of the catherer are placed so that one of the tubes measures blood pressure about two inches downstream from the other.

The difference in pressure between these two openings is converted by a special "differential pressure gauge" to variations in electrical current which move the arm of a pen and ink recorder to produce a permanent record of the pressure difference. The researchers have deduced a mathematical formula for calculating the instantaneous aortic blood velocity from this pressure difference.

—U.S. DEPT. OF HEALTH,
EDUCATION AND WELFARE

PLASTER
POLYMER
CATALYST

Gypsona EXTRA

Strength, lightness and resistance to water combine to make this new type of plaster of Paris bandage much more economical in use.

Very hard, water resistant casts result when plaster of Paris is polymer reinforced. That is why Gypsona Extra has, in addition to all Gypsona's well known qualities, these extra advantages:

DURABILITY

Gypsona Extra casts outlast all other plaster casts and are more resistant to damage and the effects of water.

LIGHTNESS

Casts are thin, comfortable to wear, and therefore allow better functional treatment.

X-RAYS

Thinner casts permit greater clarity in X-ray photographs.

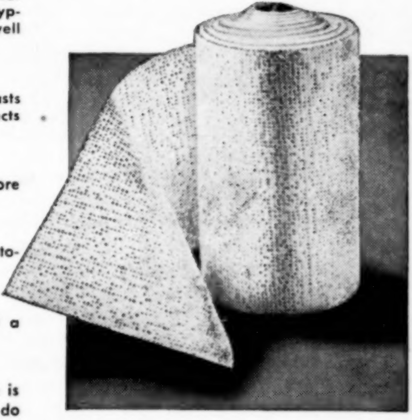
CLEANLINESS

Negligible plaster loss means less mess and a saving of time.

ECONOMY

When the recommended method of application is followed, two Gypsona Extra bandages will do the work of every three plaster bandages now used, and a more durable cast results.

Gypsona Extra is available in the following sizes: 4" and 6" by 3 yards.



(Gypsona standard bandages remain available for those cases where the special qualities of Gypsona Extra are not required.)

Gypsona EXTRA an S&N product

Gypsona
EXTRA
PLASTER OF PARIS
BANDAGE

Further details: Smith & Nephew Ltd., 2285 Papineau Avenue, MONTREAL, P.Q.

Job Satisfaction in the Professions

Hans S. Falck

While engaging in the preparation of this paper I thought about the many meanings a "job" has for the person who occupies it. In order to be somewhat systematic about these meanings and to show how the holding of a position relates to the satisfactions derived therefrom, it will be useful to state a few postulates, or principles from which we can depart for purposes of discussion.

1. A professional job presupposes that its occupant possesses a definable and explainable body of knowledge.
2. A professional job presupposes that its occupant has specific skills which will permit her to apply this knowledge to practical demands.
3. The term "professional" implies that the person so described operates on the basis of a set of belief to which she is committed.
4. The major consideration a professional person keeps in mind is that her first responsibility is to her clients, patients or others who rely upon her for professional skill and services.

Once we have examined these assumptions we will try to see whether it is possible to identify some problems to which we can apply them in order to point the way toward some satisfactory solutions.

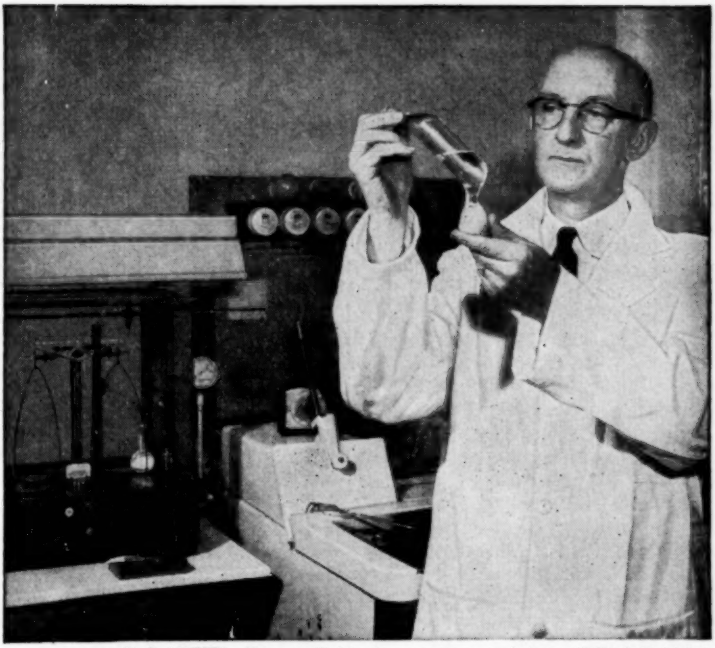
To repeat assumption number one: *A professional job presupposes that its occupants possesses a definable and explainable body of knowledge.*

One of the greatest difficulties one faces in any profession is to define clearly what it is the workers do. While there is a certain measure of misunderstanding about all professions. I would say that the practice of both medicine and nursing has been thoroughly accepted by the general community. This is not too surprising for it is fairly easy for the average layman to understand what these professions and their professionals do. When one is sick one calls a doctor and whether one understands precisely what he is doing or not, there is nonetheless a certain amount of trust that he will restore one's health. The same is true of nursing. A patient enters a hospital for some surgical procedure and, of course, expects to find nurses working there and caring for him. The function of both professions is understood, even if not perfectly. The sources of their training are well known and, all in all, a general feeling of confidence exists. And yet, if I read the evidence correctly, I am not convinced that the general public *really* knows what nurses do. Nor am I convinced that practitioners themselves always understand what it is that qualifies them to practise their art, and wherefrom their real job satisfactions derive. Be that as it may for the moment, if you are a well trained and experienced person, you know your job. Your knowledge extends to the areas of understanding the principles upon which you operate. You know your subject matter, and that which underlies what you are doing — anatomy, physiology, materia medica, chemistry, principles of nursing care, the sources and course of human disease, the nature of epidemiology, etc. In other words, you have thorough knowledge of those areas without which you cannot hope to perform your professional function.

This brings us to postulate number two: *A professional job presupposes that its occupant has specific skills which will permit her to apply this knowledge to practical demands.*

It is the specific skills that the patient can observe, if he can observe anything at all, about the professional person. There are professions in which this is either not possible, or if it were as in psychiatry and social work, such observation and knowledge on part of the patient might even be harmful. A

Mr. Falck is a professor in the School of Social Work, University of Buffalo, Buffalo, N.Y. He gave this address at a public health supervisors' conference at Hamilton, Ont.



W. D. LAVERTY—25 years milk laboratory experience—conducts quantitative butterfat test on evaporated milk using the Majonnier method and testing equipment.

Just one of a number of checks

During processing, Farmer's Wife Formula Milks constantly undergo a number of tests in the plant and laboratory. Even after vacuum sealing in the most modern type of container, the quality of the individual can and contents is verified. It is this kind of constant check that leads doctors, paediatricians and hospitals from coast to coast to confidently recommend Farmer's Wife Formula Milks.

- Evaporated whole milk
- Concentrated skimmed milk
- Concentrated partly skimmed milk

Farmer's Wife

COW AND GATE (CANADA) LIMITED

7-6

"Specialists in the Preparation of Milk Foods for Infant Feeding"

patient can observe the way a physician inserts a needle in her arm. An anxious relative at the bedside can watch the way a nurse performs her duties. And yet, with all this clearly visible evidence of the professional nurses' behavior and the physicians' way of working, the patient notices something else, too. It is the way he *feels* about the manner in which he is being treated. We call this the *feeling tone* of a situation. It is important to a patient how he feels about going to a clinic — as important or perhaps much more so than how he feels concerning what, from a *medical* standpoint, actually happens to him while he is there.

I often wonder how sensitive we really are, both in my profession and in yours, in terms of what it means to a patient to sit on a bench waiting to be called into our presence. I do not wish to labor this point, and I am raising it only in order to say that the skill of a person practising in the helping professions such as yours and mine includes more than diagnosis, prescription and treatment of the body. It also includes our ability to help a client or patient feel that what we have to offer him is what he really wants. No patient who really does not want to get well, will get well. No family that does not really want to improve its living standard will improve its living standard, no matter what we professionals do. It is, therefore, part of the skill of the professional to help people *want* our services and use them to their own best advantage as determined by them.

Postulate number three states that the term *professional* implies that *the person so described operates on the basis of a set of beliefs to which she is committed.* We have so far talked about the relatively simple matter of knowledge and skill and now come the third component of professional practice.

Father Swithin Bowers of St. Patrick's College, Ottawa, said in an address "to be a professional means to profess to a set of principles and beliefs." You would agree with me that there are deeper reasons for doing what we do, reasons that reach far beyond problems of money, hours and working conditions. We would have to go back a long way to find the source of this feeling of obligation to help our fellowmen. Yet, as relatively recently as biblical times, do we find admonitions that speak of this responsibility. Who can think of a more moving and finer expression of the spirit of helpfulness than is in the Oath of Hippocrates which every physician swears to on the day of his graduation? Why then, this commitment? Why this need to look for deeper reasons and motivations for our desire to help? Because it is taught to us from the day of our birth, through our life, and to its very end, that *we must help man because he is man;* that all men have a right to be helped when they are in difficulty. We are further told that our real satisfactions in what we do lie in the knowledge and the recognition that we have given something of ourselves for the sake of another. We tend to smile when the prospective student nurse writes on her application blank that she wishes to study nursing because of the feeling of wanting to help others. Yet, if she is sincere and her feelings are true, there can be no finer motive. A young woman who truly feels this is worthy of our envy!

Postulate number four follows, therefore, when we say that *the major consideration a professional person keeps in mind is that her first responsibility is to her clients, patients or others who rely upon her for professional skill and service.*

All we have said here, all we do as professional people in the service of others must be directed toward their best interests, *as determined by them.* We are there to help people do what they wish to do with their lives. This is the foundation of a democratic philosophy. This is what the professional person in the free world has committed himself to do: to help those in need because they have a right to our help; and, to let those we help decide for themselves whether they want it and the manner of using it, unless this violates the rights of others. With such attitudes as these the source, really the only source of job satisfaction should lie in the knowledge that I, a human being, have been privileged to help.

Unquestionably it takes little time or space to say what we have said

NIVEA
creme
FOR THE CARE OF THE SKIN
NIVEA
creme
FOR THE CARE OF THE SKIN
NIVEA creme
for the care of the skin
S&N
NIVEA REG. TRADE MARK

SKIN *needs* NIVEA

The Cream of Many Uses

Nivea Creme is different from other Creams because it contains Eucerite — a substance that replaces the skin's natural oils, so frequently lost through washing, wind and weather.

Aided by Eucerite, Nivea penetrates into the underlying tissues and nourishes the skin, helping to keep it smooth and soft.

For your own skin care — and that of your patients — use Nivea Creme daily.

Manufactured by **NIVEA PHARMACEUTICALS LIMITED — TORONTO**

Distributed by **SMITH & NEPHEW LTD., 2285 PAPINEAU AVE., MONTREAL 24.**

here, yet, as we all know, it is not always easy to keep the ultimate goal clearly in sight when the daily work seems to contribute so little to a visible outcome; when the routine of the everyday situation seems to have no visible connection with those same outcomes; when our feelings get in our way, and when we are sure that if only a certain person could be transferred to another district, things would be better.

The essential question all of us face surely is this: How can we so direct ourselves and our staffs that we will give the most effective help to our patients or clients? There are no simple answers. However, I shall discuss some principles and suggest some approaches that may start all of us considering how by serving our patients more effectively we can gain greater satisfaction for them and ultimately for ourselves.

The initial point I wish to make is that "none of us can be all things to all people." Without doubt those among us who are sensitive to human needs are often tempted to help wherever help is needed. Worthy though our intentions may be, we must ask ourselves an important question. "Am I, by virtue of my training and experience, qualified to help?" An example or two might serve to illustrate this point. In the course of a home visit, the nurse is told by the mother that she is deeply concerned over her husband's excessive drinking habits. What would be the first and not inconsiderable temptation? It would be for the nurse to listen and give the lady some advice on how to "handle" her husband! But are nurses qualified to do this by virtue of training or experience?

Let us take another example. Fifty years ago, the physician rendered valuable service by being the family's confidant on matters personal as well as medical. Trouble with the children, in-laws, employer, and a multitude of other concerns, large and small, were brought to his attention. In some cases these matters still are shared with him. Again, the question arises. Is the average physician trained and experienced to be of direct help?

In most cases, such as those cited, the awareness of community resources, by both nurse and physician, would come in handily so that referral could be made to those properly qualified to extend the professional service indicated. What has this to do with job satisfaction? If we speak of teamwork, that is, of working together no matter what our professions, we must understand that whatever our service may be and whatever qualification we have, each of us is only *part* of the whole picture. The purpose of teams, such as are found in hospitals or health units, is to provide the patient with services on a coordinated basis. In order to do this effectively, each member of the team must know clearly what it is that he should do and what it is that properly belongs to the function of someone else. When this is not understood clearly, when the services that various members of the team render overlap with each other, staff frictions arise and the patient is served at less than the highest level of quality. It is essential that for each job on the team there be a clearly written job description that will tell everyone who wants to know, who is to do what kind of work. Such job descriptions must be realistic, that is to say, they must be truly related to a given position as well as to allied services and positions.

Secondly, in the selection of staff for given job care must be taken to fit the person to the job, rather than the job to the person. To explain this let me revert to one of the postulates mentioned in the beginning. The major consideration a professional person keeps in mind is that her first responsibility is to her client, patient or others who rely upon her for professional skill and service. In other words, we select the staff member for any given position because she can live up to its demands. To bring in the person first and worry about the contents of the job afterwards, is to consider the interest of the professional person first, the patient second. It means also that as professional people we must assume responsibility for training ourselves on an ongoing basis, so that we may do better work all the time.

Thirdly, we must honestly recognize that no written regulations and job descriptions will do a job for us

"Meat is effective in promoting hemoglobin and red cell formation in the infant"

"**Hemoglobin and red cell values** of the infants who received meat increased above those who served as controls. The toddlers were their own controls and their blood values rose during a four-month period of meat supplementation and dropped when it was discontinued.

"The incidence of colds in the institution was reduced among the meat-fed infants. All infants were reported to have slept better and appeared more satisfied when they received the meat supplement.

"No adverse symptoms of any kind resulted from the addition of meat to the diets of children even as young as 6 weeks, nor did the meat interfere with milk consumption.

"On the basis of the findings there appears to be a definite place for meat in the diet of infants and young children."

—Leverton, Clark, Bancroft and Copeman, "Further Studies of the Use of Meat in the Diets of Infants and Young Children", Journal of Pediatrics, 40,761 (1952).

Swift prepares ten varieties of Meats for Babies — all *100% meat,* not mixtures — Beef, Lamb, Veal, Pork, Chicken, Chicken and Veal, Ham, Liver and Bacon, Liver, Beef Heart. Also Egg Yolks and Salmon Seafood for Babies. Swift also prepares chopped Meats for Juniors.

Swift's most precious product

To Serve Your Family Better **Swift**

Swift's
Meats for Babies
Strained BEEF and beef broth

SWIFT CANADIAN CO., LIMITED.

that essentially depends upon the kind of persons we are. We can spell the descriptions out all we want, but this is no guarantee that we are thereby self-disciplined enough to recognize that in order to work with our teammates there must be trust and faith in the ability of the co-worker. There is no shame in admitting that our talents and knowledge are limited and that, if we cannot do the job, someone else might be able to. Unless we do assume this there is no question but that the patient will suffer — not so much because we lacked skill or knowledge, but because we couldn't admit that we did! One of the most valuable attributes of the professional person is to *know* her limits and to refer to the skill and experience of someone else when so indicated. That this requires stature and self-discipline is without doubt true. That it results in improved working relationships with others and better service for the patient is equally true.

Fourthly, I shall speak about the word "team." Much is said these days about the "team approach," and rightly so. Moreover, if the word "team" is to have real meaning we would have to admit that its very use implies what I have tried to say here, namely, that because patients are often in need of more than one kind of service it stands to reason that these various services must be coordinated and integrated. Yet one might wonder at times whether we fully understand what teamwork means. Let us try. It means that on a team everyone's status is equal. No one person counts more or less heavily than the other. It means that everyone's qualifications are important and necessary for the achievement of the goal. If we can accept this interpretation, it means that there is no *one* leader. A real team is not a hierarchy, with people of different rank and value. In a real team everyone leads *sometime*. This "sometime" depends on what service is required in the interest of the patient. Whatever person is best qualified at a given time to fulfill this need, is at that time the leader of the team. But, as noted earlier, job descriptions alone, important as they may be and strongly as I would urge them upon those who have not prepared them, are only part of the solution to questions of person-to-person relationships. The indispensable lubricating element must be the faith and trust in one's own ability and through this in the ability of one's co-workers.

Just a word now on the subject of supervision. This is a big subject in itself so I can only touch briefly upon it. The word supervision, literally taken, means "over-seeing." But this is not what I have in mind. What we need is an effective system of supervision that is not directed towards picking up our mistakes but, instead, one whose major purpose it is to help us to do a better job. If effective supervision is to be of value, both the supervisee and the supervisor should look forward to periodic meetings in the privacy of the office which would give them both the opportunity to discuss frankly the questions and problems relating to the job that needs doing. Again, this presumes that we are big enough to admit to ourselves that we *cannot* know all answers; that there is no shame in admitting this, rather that the contrary is true — that the really confident person can admit his qualities as well as his failings.

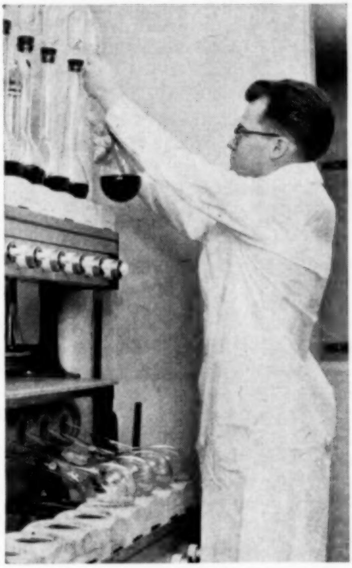
Finally, what about in-service training, that is, training on the job? I know of no job, professional jobs included, in which there is not the need for a steady increase in knowledge and skill. One of the outstanding training experts in the social welfare field has had this to say:

> The central purpose in staff development is to accomplish the work of the agency effectively and in a manner commensurate with the essential human dignity of client and employee. Inherent in the first purpose is an associated goal, the growth of the worker. Continued development of staff competence is basic to efficiency, for the administrative purpose fails of achievement unless accompanied by the educational purpose. It also contributes directly to the development of practice and to the capacity of the profession to meet its obligations to society.

I deeply believe that the professional person who is given the stimulation and opportunity to learn more about herself and her profession on an ongoing basis will be the happier, and therefore, more effective employee.

Report | from Carnation Research Laboratory

Current Research:
Carnation Evaporated Milk



Protein Supplementation

A subject of current interest to the Medical profession, amino acid supplementation, is under study. The value of such supplementation of Carnation Evaporated Milk at various levels and under varying processes is checked through a continuing availability study using the Repletion Method of determining protein quality.

Vitamins B_1, B_6, B_{12}

One of the most important projects of current Carnation general research is concerned with vitamins B_1, B_6, and B_{12}: their role in nutrition; proper levels of supplementation; availability (chemical and biochemical research); stability throughout processing and stability under long term storage.

CARNATION PROTECTS YOUR RECOMMENDATION WITH CONTINUOUS 5-PHASE RESEARCH

Carnation Research Laboratory; Carnation Farms; Carnation Plant Laboratories; Carnation Central Product Control Laboratory; Carnation-sponsored University & Association Research.

Carnation
EVAPORATED
MILK

"from Contented Cows"

717

So far, I have said almost nothing about working hours, pay and working conditions. This omission was deliberate for I am convinced that a person who feels secure and appreciated in what she is doing will find as much satisfaction in this fact as, for example, in the amount of her salary. On the other hand, it is not enough simply to *appreciate* someone's efforts and work in non-material terms. In fact, one of the best ways of demonstrating this appreciation lies in paying adequate salaries.

Yet, the essential point I have tried to make throughout this presentation is that the never-to-be-forgotten goal of the professional person must be the welfare of the patient whom she is supposed to serve; that the satisfaction for the professional person comes from the recognition that she has been able to give of herself to others so that they may help themselves to a better life; that giving does not only mean giving of one's skills and talents to the patient, but applies with equal force to one's co-workers; that the humility of realizing one's own limitations and the strengths of those with whom we work will result in better treatment for those we serve; and finally, that to serve others is a privilege, not a right, which demands as its price, self-discipline, restraint, and a genuine willingness to take a long, hard look at oneself. Therein lies the most important service one can render others, and therein also lies "job satisfaction."

A Pre-Clinical Student Looks at Nursing

MARY DALEY

I HAVE always visualized the nursing profession as one that showered each worthy member with an abundance of satisfaction. At the present time the reality of this satisfaction helps to spur me onward, making the few hardships seem valuable and worthwhile.

Living in close association with girls of my own age is somewhat a new experience to me. I find that interwoven with the fun and companionship of group living, is the realization that my personal and often self-centered ideas must be subdued and reconstructed to fit into the larger views of the majority. I am sure that this more than anything will help me to confront difficulties of nursing in the future.

Interest in nurse's training is activated by the successive milestones along the way marking our achievements. The goal which is of primary importance to us now is the day of Capping, when for the very first time we will wear a true symbol of the nursing profession, the "white cap," and will feel that we are more a part of the profession.

The ability to be of assistance to the sick and suffering should be regarded as a privilege. By working under these conditions we are forced to realize just how fortunate we are as far as physical health is concerned.

Meeting so many different and interesting people in the hospital I recognize as an excellent opportunity to develop a well-rounded personality and to acquire a fuller understanding of human nature.

Some persons are inclined to think, when they see the white clad nurses in the hospital corridors, that they are enjoying a life of glamor and ease. Little do they realize that the nurse's life is one of dedication comprising much hard and intense study with long hours of work. At times the work is unpleasant, self-sacrificing and trying on one's patience, but overbalancing this, is the extremely rewarding satisfaction of tasks well done.

No one can escape suffering; therefore if we, as nurses, can alleviate the pains of a patient we can truly say as is so effectively expressed by the motto of our school, "We strive for that which is noble."

Miss Daley is a student nurse at Regina Grey Nuns' School of Nursing.

Diamox*

ACETAZOLAMIDE **LEDERLE**

non-mercurial diuretic

LEDERLE LABORATORIES DIVISION
NORTH AMERICAN CYANAMID LTD.
MONTREAL, QUEBEC

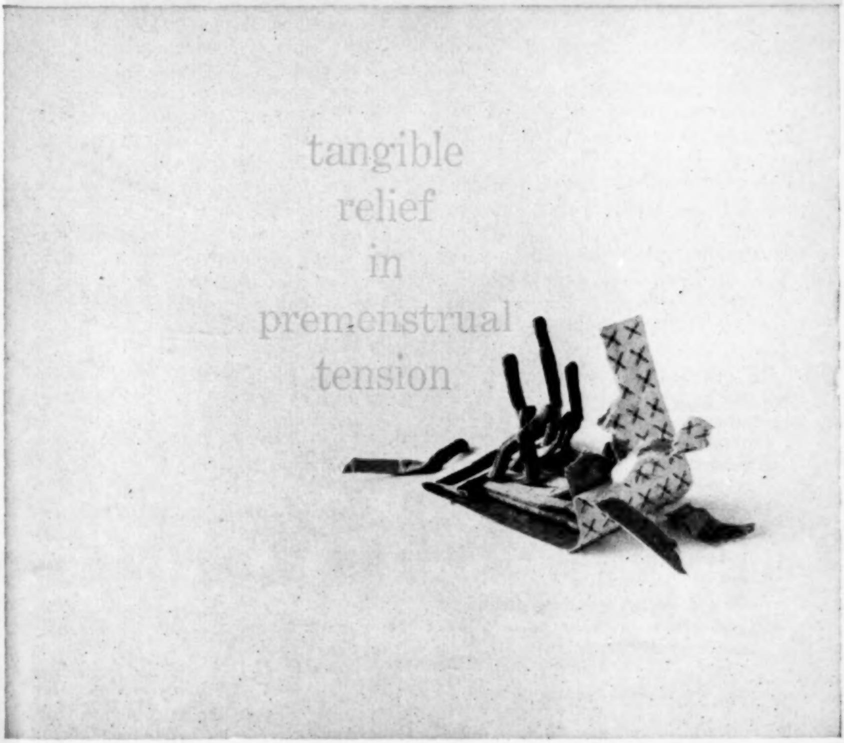
A single daily tablet of DIAMOX controls the edema frequently associated with premenstrual tension. Tangible relief of such symptoms as pelvic engorgement, tightness of skin and head-heaviness produces marked improvement of physical and emotional well-being in these patients.

DIAMOX – a versatile, well-tolerated drug – is highly effective not only in the *mobilization* of edema fluid but in the *prevention of fluid accumulation* as well. A single oral dose is active for 6 to 12 hours, offering convenient *daytime diuresis* and nighttime rest. Excretion by the kidney is usually complete within 24 hours with no cumulative effects.

Recommended dosage: 1 Diamox tablet daily, beginning 5 to 10 days before menstruation, or at the onset of symptoms.

Supplied—on prescription only: Scored tablets of 250 mg. (Also in ampuls of 500 mg. for parenteral use.)

*Reg. Trade Mark in Canada



Sheehan's Disease

Irma Clark

Mrs. Gray was admitted to hospital complaining of a persistent feeling of coldness and tiredness. She took very little interest in her surroundings because of her general lassitude. Her skin had a marked yellowish tinge and, on physical examination, she showed loss of axillary and pubic hair. This was a long standing condition which had developed after the birth of her youngest daughter 23 years previously. The birth had been a difficult one and Mrs. Gray had spent several months in bed following it.

Diagnostic Procedures

Suspecting some type of endocrine disorder, the doctors set about determining which one of the following conditions it might be.

1. *Simmond's disease:* This was ruled out almost immediately since Mrs. Gray did not give a typical history nor did she show the characteristic undernourishment.
2. *Anorexia nervosa:* This possibility was also discarded since hair loss is not typical of the disease, weight loss is usually great and Mrs. Gray was well-nourished. Finally there was no pathologically alteration of the steroids on laboratory examination.
3. *Addison's disease:* It is not usual for this condition to follow as a postpartum complication. Those affected do not show hair loss but do have a typical pigmentation. More important, the condition does not respond to ACTH therapy. Again, Mrs. Gray did not show the picture associated with Addison's disease.
4. *Myxedema:* Once more this condition is not typical postpartum history. While there is hair loss, it occurs from the head and not from the axilla or pubis.
5. *Sheehan's disease:* It was felt that Mrs. Gray's symptoms fitted into the history usually shown in this condition.

Laboratory tests

Blood tests exhibited a very severe hypoglycemia. Mrs. Gray's fasting blood sugar was 25 mgm. in contrast to the normal of 70 — 120 mgm.

Mrs. Gray's basal metabolism rate was lowered as well as the level of thyroid hormone (protein bound iodine). The normal thyroid hormone level is 4-8 gamma per 100 ml.; the patient's level was 2.6 gamma.

Gastric analysis indicated loss of the normal HCl content.

There was a low 17-ketosteroid excretion of 1.3 mg. per diem in contrast to the normal of 5-17 mg. Serum cholesterol content was high — a possible finding in cases of hypothyroidism.

Signs and Symptoms of Sheehan's disease	*Mrs. Gray's Symptoms*
Lethargy	Lethargy
Intolerance to cold	Intolerance to cold
Impotence	Frigidity
Amenorrhea without menopausal flushes	
Loss of axillary and pubic hair	Loss of axillary and pubic hair
Slow pulse	Slow pulse
Low blood pressure	
Waxy, yellow skin	Waxy, yellow skin
Failure to lactate following pregnancy	
Hypoglycemia — evidenced in weakness, nausea, vomiting	Acute nausea

An increase in uric acid content after a test dose of ACTH indicated that the adrenal glands were influenced by it.

Miss Clark is on the staff of the General Hospital, Sarnia, Ont.

complete
diffused
absorption ...

UNRETOUCHED PHOTOGRAPH

Only with TRI-PAD DISPOSABLE UNDERPADS
TRADE MARK

AVAILABLE THROUGH YOUR DEALER

Johnson & Johnson
LIMITED MONTREAL

A glucose tolerance test was attempted but discarded since Mrs. Gray had so much nausea — typical of Sheehan's disease.

An insulin sensitivity test was considered too great a risk in view of Mrs. Gray's low blood sugar.

PHYSIOLOGY AND ETIOLOGY

The pituitary gland is situated in the sella turcica of the sphenoid bone. This gland is concerned mainly with normal growth and development and the proper functioning of the other ductless glands. Composed of two lobes, the anterior lobe is considered to be the "dominant lobe" since it has as part of its power widespread influence over the other glands including thyroid secretion.

Sheehan's disease develops when there is necrosis of the pituitary due to thrombosis. This necrosis tends to develop following severe postpartum hemorrhage although it may develop following abortion.

TREATMENT

Mrs. Gray was placed on large doses of ACTH which acted to stimulate the secretion of the adrenal gland through its entire spectrum of hormones. The dosage was reduced gradually until a small maintenance dose was reached.

Perandren — testosterone propionate — was administered intramuscularly at first, then replaced with 25 mgm. linguets three times daily. This was used to substitute for the pituitary failure of gonadotrophic hormones. The patient receiving this preparation or a similar one must be observed for signs of hirsutism, edema, deepening of the voice and acne or skin flushing.

An initial dose of thyroid gr. iss was changed to Eltroksin .5 mgm. daily — a purified and more exacting agent. While it was desirable to stimulate the thyroid, nevertheless excess stimulation had to be avoided until the effects of ACTH or cortisone became apparent, otherwise a thyroid crisis and collapse could be precipitated.

Cortone 25 mgm. as an initial dosage was also given and later decreased to 10 mgm. daily. It affects protein and carbohydrate metabolism promoting glyconeogenesis, hyperglycemia, glycosuria and a negative nitrogen balance. Thus it assisted in the process of overcoming Mrs. Gray's very marked hypoglycemia. Large doses given over a period of days may profoundly change the electrolyte balance.

SUMMARY

Mrs. Gray, a 54-year-old patient exhibiting the signs and symptoms of pituitary necrosis — Sheehan's disease — showed pronounced improvement following a course of therapy composed largely of hormonal prepations. Her former lassitude was replaced by an alert, active interest in her surroundings. She was discharged home on maintenance doses of testosterone, thyroid and cortone.

Neurofibroma of the Spinal Cord

MARIA LECHUK

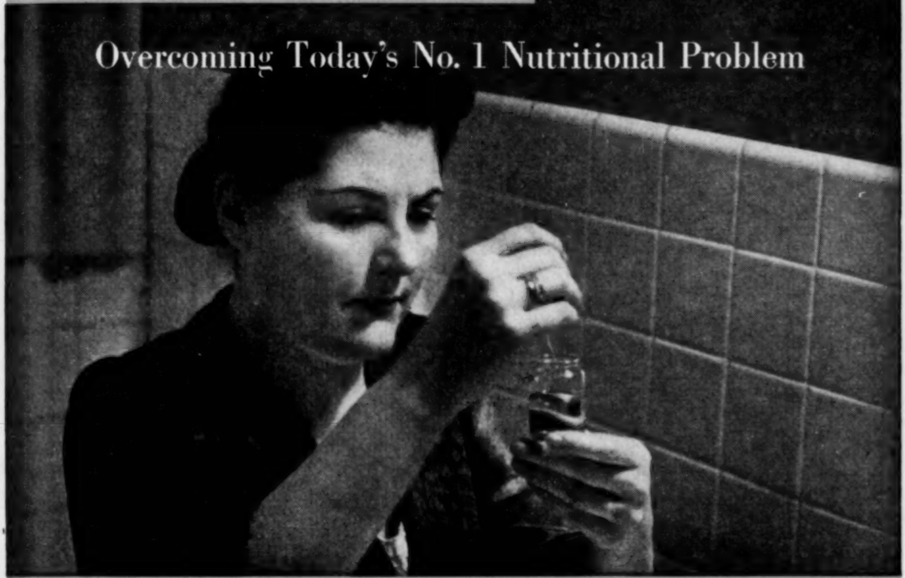
SOCIAL AND MEDICAL HISTORY

MR. DERKACH is a 42-year-old farmer who lives with his mother and an older brother. He is Canadian-born of Ukrainian parents. His history of past illness revealed nothing of significance to his present complaint. There is no family history of tuberculosis, cancer, rheumatic fever or diabetes.

The history of his present illness revealed that he first began to feel ill in the early part of 1951. At that time he felt a band of "tightness" fairly often across his upper abdomen —

Miss Lechuk was a senior student at the Archer Memorial Hospital, Lamont, Alta., when this study was written.

KNOX PROTEIN PREVIEWS



Overcoming Today's No. 1 Nutritional Problem

Knox "Food Exchange" Diet Enlists the Cooperation of Your DIABETIC Patients for Dietotherapy

1. This Knox booklet is based on nutritionally-tested Food Exchanges[1] and demonstrates that variety is possible for diabetic diets.

2. The easy-to-understand Food Exchanges simplify dietary control for the diabetic by eliminating calorie counting.

3. Diets promote accurate adjustment of caloric levels to the special needs of the patient, yet allow each individual considerable latitude in the choice of foods.

4. Each booklet presents in addition 16 pages of appetizing, kitchen-tested recipes.

Knox Gelatine (Canada) Limited
Professional Service Dept. CD-26
140 St. Paul St. West, Montreal, Quebec

Please send me .... dozen copies of the Knox diabetic brochure describing the use of Food Exchange Lists.

Your Name and Address

---

[1] The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

especially when he ran or exercised. He felt slightly weak, his hands shook and he slept poorly. A few months later he developed an intermittent pain in the back of his neck. During these attacks of pain he felt very weak and tired and found it necessary to go to bed. These symptoms persisted with little change until they became so severe that he sought medical aid.

In February 1952, Mr. Derkach was admitted to hospital. He complained of numbness and weakness of his arms and legs extending over a period of ten months as well as stiffness and soreness of the upper back and recurring headache in the left occipital region.

Physical Examination

His nutrition and general health appeared normal, although he seemed very nervous and somewhat shaky. The examination of his head, neck, chest, heart and abdomen showed normal results. There were no palpably enlarged lymph nodes in the axillae or groins. A hard swelling about the size of a pea was found on the right side of the neck and a slightly larger mass on the inner aspect of the left arm just above the elbow.

Neurological examination revealed a weakness of both arms — especially the left — with increased muscle tone and hyperactivity of the tendon reflexes. There was a definite tremor in both hands. Abdominal reflexes were absent. There was weakness of both legs and increased activity of reflexes with accompanying clonus in both knees and ankles. Babinski's sign was positive in both feet. Sensation of heat, cold, pain and touch was diminished over both arms and legs, particularly in distal parts. As a result of this investigation, the presence of a spinal cord lesion was diagnosed and Mr. Derkach was referred to a neurosurgeon.

Diagnostic Procedures

Lumbar myelography demonstrated a block at the level of L4-5. When the dye was introduced from above by cisternal puncture a second block was demonstrated at the level of C1-2. The cerebrospinal fluid total protein in the cisterna magna was 21 mgm. per cent (normal reading is 15 to 40 mgm.). The lumbar spinal fluid reading was 687 mgm. per cent. This indicated a complete blockage of the spinal canal.

A decision was made to first explore the block in the upper cervical region before doing anything about the lumbar block. A bilateral laminectomy was carried out and an intramedullary mass found at C2 which it was considered inadvisable to remove. A simple decompression was carried out in the hope that it would afford some temporary relief. Because of the inability to remove the cervical lesion no attempt was made to explore the lumbar lesion. The postoperative diagnosis was Von Recklinghausen's neurofibromatosis.

Definition

Von Recklinghausen's neurofibromatosis is a developmental disease of unknown etiology. It is characterized by multiple tumors of the skin occurring along the course of the nerves and associated with marked cutaneous pigmentation. The disease is often familial with the incidence in males slightly greater than in females. The tumors, usually multiple, are soft, pedunculated, sessile or plexiform. They occur in localized swellings sometimes in relation to, but not always in the exact course of the peripheral nerves, spinal roots, cranial nerves or the cauda equina.

Mr. Derkach was one of the few unfortunate cases where the neurofibromata first occurred in the spinal cord. Seven months later he was discharged from hospital. His ambulatory ability was limited because he tired quickly, but he had a very optimistic outlook regarding his condition.

In July, 1954, Mr. Derkach was readmitted to hospital. He stated that he had contracted a cold about three months previously and since then had been unable to walk or feed himself. During that time the tremor in his extremities increased and he became completely dependent.

Examination revealed a general deterioration in his condition with the same neurological findings but in a more marked form. He was unable to feed himself. With a great deal of

100 TABLETS
ASPIRIN
ACETYLSALICYLIC ACID
Genuine
BAYER

The Original
Wonder Drug

Nothing you recommend is more carefully made

"Aspirin" is the registered trade mark in Canada of The Bayer Company Limited

effort he could still write a legible script but could not get out of bed or walk by himself.

NURSING CARE

Because of his inability to move by himself and to feed himself, Mr. Derkach began to lose his appetite. A vitamin B preparation was ordered three times daily before meals. An effort was made to cater to his tastes. While feeding him the nurses conversed with him and tried to interest him in the world around. He was given complete bed care with particular attention to his back because it lacked sensation. The bed linen was changed frequently to keep him comfortable and prevent skin ulcerations. Position in bed was frequently altered to promote circulation. As his body movements were limited, his bowel habits were irregular. Bulky foods and plenty of fluids were given and a laxative was administered when necessary. The stiffness and numbness of his limbs was relieved slightly by massage and range of motion exercises. He was lifted out of bed twice a day into a wheelchair for two hours at a time and taken to the dayroom for a change of environment.

Occupational therapy was very difficult to carry out. Mr. Derkach was unable to read due to his recurrent frontal headaches. He became unable to write because of the loss of control of the fine movement of his right hand. He tended to tire quickly if he concentrated on certain movements to excess. To compensate for this his family was encouraged to visit him as often as possible. The nurses tuned his radio to his favorite programs and chatted with him as often as possible. Liberal praise was given when he made an attempt to help himself and failures were ignored. Letters which Mr. Derkach dictated to the hospital visitor were sent to his family.

Since this last admission, he has been in hospital for ten months and shows evidence of the steady progression of his disease. His prognosis is grave. Still hopeful of recovery, his morale remains high and he is cheerful.

Postpartum Renal Failure

KATHLEEN PYRCH

MRS. SMITH was admitted to the Maternity ward early one October evening. This was her second full-term pregnancy — her first baby, a boy, having been born five years previously. She had expected this baby to be born about October 8 but it was 10 days later before labor was initiated. On admission her contractions were every 3-4 minutes.

PRENATAL CARE

Mrs. Smith saw her doctor for the first time during this pregnancy in April. On that occasion her blood pressure registered 125/70; her weight was 108 pounds and a urinalysis proved negative. She complained of objective vertigo. It is of interest here to note that Mrs. Smith, as a small child, had been ill for six months as the result of an acute attack of nephritis. While recovery is complete in most instances, nevertheless the possibility of kidney complications would be kept in mind. Mrs. Smith also had a wasted left leg — the result of a bout of anterior poliomyelitis. Fortunately there was no other residual muscle weakness that might have affected the delivery of her baby.

On her last visit to her doctor, prior to admission, Mrs. Smith's blood pressure was 134/80, her weight 138 pounds, urinalysis negative. Her

---

Miss Pyrch was a senior student at the General Hospital, Medicine Hat, Alta., when this study was carried out.

New pediatric findings[1] show

Baby's Own Tablets

safe

"even for babies as young as two months"

effective

for "relief of constipation and teething discomfort"

Extensive newly completed studies verify the outstanding safety record and the efficiency of BABY'S OWN TABLETS. Patients ranged in age from 2 months to 24 months.

One large group of infants suffered constipation, another group intestinal disturbances and malaise, coincident with teething.

The result from the studies were as follows . . .

ALL CONSTIPATED BABIES were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

ALL TEETHING BABIES suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

EMINENTLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

Pleasant, convenient BABY'S OWN TABLETS provide Phenolphthalein $\frac{3}{16}$ grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s.

Send for a sample supply and literature citing references.[1-12]

G. T. FULFORD CO., LIMITED, Brockville, Ontario

gain in weight was within normal limits. While any rise in blood pressure, sudden or gradual, can be significant, in this instance it was not felt to be a cause for alarm since her general physical condition was good.

Labor and Delivery

Approximately one hour after admission bright red vaginal bleeding occurred and medium-sized blood clots were passed. Within two hours her membranes ruptured spontaneously and a 7 pound 13½ ounce baby boy was delivered in the left occiput posterior position with the aid of outlet forceps. Membranes and placenta were delivered intact.

Postpartum Care

Following delivery, Mrs. Smith's vaginal flow was heavy and her uterus spongy. A Pitocin drip was started immediately to aid in the necessary uterine contraction. It quickly became evident that Mrs. Smith was going into shock. Oxygen was administered, her uterus packed and cervical suturing done. Within the next three hours Mrs. Smith received approximately 4000 cc. of whole blood as well as intravenous dextrose solution.

Bleeding continued and a hysterectomy was considered an absolute necessity. When it was removed, a deep laceration was discovered on the left side of the isthmus of the uterus extending into the muscle about halfway through its thickness. Although in profound shock throughout the operative procedure, Mrs. Smith's condition improved rapidly following control of hemorrhage. Intravenous glucose 10% solution was given throughout the operation until 3500 cc. had been absorbed.

Postoperative Progress

Indication of further complications occurred when Mrs. Smith failed to void either at the time or in the amount that might have been expected following intensive intravenous therapy. Mrs. Smith voided only 120 cc. 13 hours postoperatively; 30 cc. 6 hours later. The cardinal sign of acute renal failure is the complete or almost complete suppression of urine. In this instance its development could be attributed to state of profound shock and heavy blood loss at the time of operation.

As a result of improper disposal of body wastes, vomiting may become an unpleasant symptom of renal insufficiency. Continuous duodenal suction was established for Mrs. Smith which aided in preventing vomiting and made possible a much more accurate evaluation of fluid and salt loss. Maintenance of *electrolyte* balance was important in order to avoid the development of a) potassium intoxication, b) acidosis.

Maintenance of *fluid* balance had to be handled carefully. Sufficient fluid had to be given to counterbalance the amount lost through the skin and lungs (about 1000 to 1500 ml.) and a further amount to equal in quantity any urine which might be passed. On the other hand excessive amounts of fluid should not be given to avoid the possible development of:

a) pulmonary edema
b) water intoxication

Saline fluids are avoided unless it can be shown that the sodium chloride content of the body is depleted. To give salt where no depletion exists can result in edema of the lungs and tissues.

Eventually Mrs. Smith developed further signs and symptoms. On the 7th day postpartum and postperatively, her face became very flushed, her eyes misty and she complained of vertigo. Later, twitching of the extremities and involuntary movements became apparent. She was excessively thirsty and had severe diaphoresis.

The usual pattern in renal failure is to have a sudden onset of diuresis with recovery of the patient, or alternately, with no diuresis death ensues. Fortunately, Mrs. Smith's condition followed the former course and rapid recovery occurred.

Nursing Care

Routine nursing care measures were followed during the early stages of Mrs. Smith's hospitalization. With the development of the various complicating factors, more intensive nursing care became necessary. Alleviation of

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel . . . serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.

If you are a Registered Nurse,
under 35 years of age,
and a Canadian citizen or
British subject,
write now for full
information,
without obligation to:

Director General of
Medical Services,
Army Headquarters,
OTTAWA, Ont.

hemorrhage was the first concern. Elevation of the foot of the bed, ice to the abdomen and massage of the fundus of the uterus were used in an attempt to control the bleeding.

Following surgery, the specific nursing measures undertaken were:

Frequent check of vital signs.

Inspection of the dressings for bleeding.

Continuous oxygen therapy.

Wangensteen suction.

Mouth care.

Frequent change of position and encouraging Mrs. Smith to move about in bed to counteract the possible development of thrombus formation, hypostatic pneumonia or pressure sores.

Bladder irrigation and perineal care to reduce the possibility of infection.

Accurate recording of intake and output to aid in calculating and maintaining electrolyte balance.

Gastric irrigation with sterile water (in preference to normal saline) and collection of urine and gastric contents over a period of 24 hours also assisted in estimation of electrolyte balance.

Mrs. Smith's convalescence progressed satisfactorily with complete recovery. She was discharged from hospital when it was felt that she had regained sufficient strength to face the demands of caring for a new baby.

Book Reviews

Health for Canadians, by Rae Chittick, M.A., M.P.H., LL.D. 373 pages. The Macmillan Company of Canada Ltd., 70 Bond Street, Toronto. 1956. Price $3.00.

Out of her intimate knowledge of the needs of high school students for authentic information on health matters, particularly as related to present day public health developments, Miss Chittick has produced a very readable, informative and exceedingly well illustrated textbook. Designed to match the level of learning and experience of a questioning, 10th grade student a sentence in Chapter 15 sets the tone for the study in each section. "This . . . is planned to help you understand why you have come to be the kind of person you are and to help you become the kind of person you would like to be." Thus, the importance of physical and emotional healthful development underlines the entire content of Part I of the text.

The second part introduces the student to the progress of public health at the international, national and local levels. Brief descriptions of the work of W.H.O., the Red Cross, the Colombo plan lead on to a discussion of the health situation in Canada. The student is introduced to the major problems of disease control, including the constitutional diseases, tuberculosis, venereal disease, etc. The causes of mental illness are reviewed as are the major steps for the improvement of this situation. Health department organization is outlined. Safety education is stressed.

As well as being an outstanding asset to the health instructor in high schools, this text is admirably suited to fill a very real need in schools for nursing assistants. The vocabulary is well adjusted to the level of understanding of both these groups of students. The more difficult, less commonly used words are incorporated into the glossary.

Nursing Care of the Newly Born Infant, by W. S. Craig, B.Sc. (Glas.), M.D., F.R.C.P.(Edin.), M.R.C.P.(Lond.), F.R.S.E. 472 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto. 1955. Price $6.00

Reviewed by Major Fronie P. Stickland, Director of Nurses, Grace Hospital, 65 University Ave., Halifax, N.S.

Few books, if any, have been written limited to this particular subject. It is written by one who possesses intimate and detailed knowledge of this field.

The book is unusually well set up and easily read. The material is concise and clear. While there are some comparatively rare conditions shown and discussed, the importance of the normal is not overlooked. The large number of excellent illustrations, especially those in color, are very accurate and enhance the value of the book. The chapters on nutrition of the neonate, feeding management and mothercraft are particularly good. The emphasis placed on the necessity of the right attitude of both the nurse

IF YOU WANT YOUR UNIFORMS
TO STAY WHITE . . . YOU WANT

TERYLENE*

PROFESSIONAL UNIFORMS

. . . NOT YELLOWED BY DETERGENTS

You can wear the same 'Terylene' uniform day after day if you want to . . . this talented new textile fibre washes easily, drip-dries in a hurry and rarely needs ironing. But, perhaps, the most wonderful thing about 'Terylene' uniforms is that all this regular washing in modern detergents does not change their colour. You buy a white uniform and it stays white!

Remember these special 'Terylene' features, too . . . *better wrinkle resistance than any other type of fibre . . . properly set pleats stay securely locked in through washing after washing.*

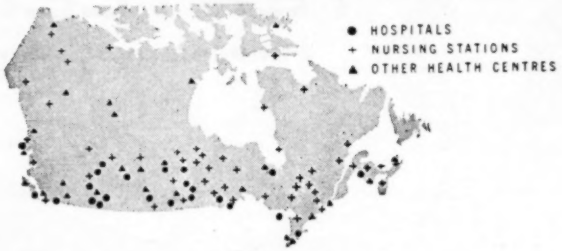
100% 'Terylene' uniforms in a variety of styles by MIDLAND WHITE WEAR — are now available in stores across the country.

KEEP YOUR EYE ON 'TERYLENE' Polyester C-I-L Fibre THE TALENTED TEXTILE FIBRE

**Registered trade-mark polyester fibre*

C-I-L CANADIAN INDUSTRIES LIMITED

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

SALARIES

(1) Public Health Nursing Supervisors: up to $4,860 depending on qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,620 depending on qualifications and location.

(3) Public Health Staff Nurses: up to $3,600 per year depending on qualifications and location.

(4) Hospital Staff Nurses: up to $3,420 per year depending upon qualifications and location.

(5) Nursing Assistants or Practical Nurses: up to $185 per month depending upon qualifications and location.

• Room and board in hospitals — at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.

• Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.
(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.
(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.
(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.
(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.
(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.
(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

CHILDREN'S HOSPITAL OF MICHIGAN

REQUIRES NURSES

This 200-bed hospital, providing services for older children, infants & premature babies, is in the heart of Detroit — close to the Art Centre, Library, Theatres, Concert Hall & Shopping District.

Future study conveniently possible at Wayne State University & University of Michigan.

Cheerful, modernized Nurses' Home with many recreational facilities.

Opportunity for rapid advancement and meritorious salary increases.

GENERAL STAFF NURSES	$325 - $360 per mo.,	2-wk. vacation
HEAD NURSE	$373 - $393 per mo.,	3-wk. vacation
SUPERVISOR	$399 per mo.,	3-wk. vacation
INSTRUCTOR	$364 per mo.,	3-wk. vacation

40-hr. wk. Liberal personnel policies, plus differential of $2.00 for evening & night service. 2-wk. sick leave. 6 paid holidays. Social Security & National Retirement Plan.

APPLY: DIRECTOR OF NURSING, CHILDREN'S HOSPITAL OF MICHIGAN,
DETROIT 2, MICHIGAN.

Quality
You can trust
Drink
Coca-Cola

Delicious flavour, and wholesome refreshment have made Coca-Cola a favourite everywhere.

COCA-COLA LTD.

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic, orthopedic, gynecologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

and the mother in order that breast feeding should be a success is noted with interest.

While perhaps not of serious concern, it should be noted that the approach is for the situation as it is found in England where obstetrics is treated as a completely separate subject, whereas in Canada it is still part of the basic nursing course. Another point in this regard is the author's comments regarding the deletion of prophylactic eye drops, a procedure in Canada that is still a "must."

The nursery supervisor states that she finds this to be an extremely fine book and a splendid aid in her teaching program. A staff pediatrician, who is responsible for the teaching of medical students, comments on how clearly and thoroughly the subject is dealt with and suggests that it be used by the medical students as a reference.

This book can make a real contribution toward the increased knowledge of those taking care of the newborn. It is an aid to better nursing care as well as being a valuable teaching tool.

Brief Chats with Parents, by S. R. Laycock, Ph.D. 173 pages. The Copp Clark Co. Limited, Toronto. 1956. Price $2.00.

Reviewed by Mrs. Frank Boland, 987 Scollard Ave., North Bay, Ont.

In developing his subject the author draws from a background of lifetime study of child development and long association with such organizations as Home and School, Parent-Teacher groups and the Canadian Mental Health Association.

The book is divided into two sections. Part 1 — Helping Normal Growth — contains thirty short chapters or chats on the normal development of children through the various age groups, through such diverse phases as developing responsibility, making friends, discipline, and forming good manners. Part II —Helping Children with Difficulties — deals with such problems as the child who is afraid, the child who steals and the child who has temper tantrums. Special consideration is given to the retarded child, the gifted child, the only child and the adopted child. Each topic is accompanied by a set of five pertinent questions designed to be of use in child study groups, at P.T.A. meetings, etc. Further reference reading also accompanies each chapter.

This is a book dealing with subjects ever uppermost in the minds of parents. Am I doing my job as a parent to help my child to grow to maturity physically, socially, intellectually and emotionally? What can I do about Bobby's destructiveness, Mary's thumb-sucking? Any parent of growing children will find help and guidance in this little text. It is most readable and informative.

Essentials of Chemistry by Gretchen O. Luros, M.A. 550 pages. J. B. Lippincott Company, Philadelphia and Montreal. 6th ed. 1955. Price $4.75.

Reviewed by Miss Irma Reilly, Jewish General Hospital, Montreal.

This is a very suitable book for nursing students to have as a text. The essentials of inorganic and organic chemistry and of biochemistry are so well presented that they are stimulating to the student who has had a previous course in chemistry and yet are not too difficult for the student who has not studied the subject previously to acquire. The author's "A personal word to the student" is an excellent guide for study.

The content provides for a 60-90 hour course but this can be modified depending on the previous experience of the student. If the time alloted for the course is not sufficient, such units as vitamins and hormones can be deleted, as they are usually adequately covered under other subjects. The aim of this book is to provide:

Did You Ring?

Yes, we have a message for you — for difficult duty hours due to pain and headache. That's when you need swift relief, so we want you to know about Veganin Tablets.

Veganin helps to bring swift relief at specially difficult times, or at any time pain strikes . . . helps to calm jittery nerves without producing a feeling of drowsiness or stomach upset. For "Stronger" relief, it's Veganin too, with approximately 8 grains of anti-pain medication.

Once you've tried Veganin you'll *know* why so many Doctors prescribe it for their patients. Available in tubes of 10's and 20's.

Veganin
Tablets

Veganin
the tablet with the "V"
WARNER-CHILCOTT
Laboratories CO. LIMITED, TORONTO, CANADA

THE NEW YORK POLYCLINIC

Medical School and Hospital (Organized 1881)

•

The Pioneer Postgraduate Medical Institution in America

•

We announce the following Courses (Six Months' Duration) for Qualified Graduate Nurses:

No. 1. Operating-Room Management and Technic.
No. 2. Medical-Surgical Nursing — Supervision and Teaching.
No. 3. Organization and Management of Out-Patient Department

(Clinics in all branches of Medicine, Surgery — including Industrial Nursing — and Allied Specialties).

Courses include: lectures by the Faculty of the Medical School and Nursing School; principles of teaching ward management; principles of supervision; teaching and management of the specialty selected. Positions available to graduates of these courses. Full maintenance is provided.

For information address:

The Directress of Nurses, 343 West 50th Street, New York City 19

1. A greater appreciation of the student's general and immediate environment.
2. A better foundation for the other subjects in the student's curriculum.
3. An intelligent interest in chemistry as related to disease.
4. An appreciation of new discoveries in chemistry and their application to preventive and clinical medicine.

Each part is divided into units which have salient introductory remarks, a table of the topics discussed and a preview of the unit (to link material to be covered with that already studied). There is also a concise summary and complete set of questions on the content. This organization facilitates its use by the student. Part one also has an excellent yet short history of chemistry included.

Much of the book has been revised, rewritten and enlarged, with many new illustrations and tables. Included are the important topics of the electron theory of matter, hydrogen ion concentration of blood and other body fluids and radioactive isotopes.

The entire section in organic chemistry (now in two parts) has been revised. It has been clarified so that a student may have "a better conception of structure, properties and functioning of various organic compounds with which she comes in contact in pharmacology and which she should know in order to understand the metabolism and other phases of biochemistry."

There is new material on the antibiotics, hormones (particularly ACTH and cortisone) and the vitamins. Carbohydrates, fats and proteins are in separate units rather than in one as previously. Metabolism is likewise in three units and the material on blood has been separated into a new unit. Likewise vitamins and hormones which were previously grouped together have been separated. Important tables, the glossary and the list of books for supplementary reading have been revised.

My only criticism is the formula given for converting temperature readings from one scale to another. It is accurate but does not give the understanding which the time-honored one used in the fifth edition does.

Laboratory Experiences in Chemistry, by Gretchen O. Luros, M.A. J. B. Lippincott Company, Philadelphia and Montreal. 6th ed. 1955. Price $1.75.

Reviewed by Miss Irma Reilly, Instructor, *Jewish General Hospital, Montreal.*

The laboratory manual is printed separately in this edition which makes it more practical to use. The pages are perforated for easy removal but are not punched so that they could not be kept in a looseleaf folder.

It is designed for a 16-week course as is the accompanying book but it can be easily modified. Some exercises can be combined, having some students doing one part of a unit and the others the remainder, with each group sharing their results. Some exercises may be performed as demonstrations by the instructor. As with the book the section on inorganic chemistry can be briefly summarized and more time allotted to the exercises in organic chemistry and biochemistry. The suggested apparatus, general laboratory directions, the preparation of solutions and required chemicals are useful in organization and maintenance of safety.

New exercises have been added, e.g. on aromatic organic compounds. The tables included in the appendix are also in the book but are of value in the recording of an experiment.

The aim of the exercises is to illustrate those principles and applications of chemistry that will be helpful to the student in her own life and in her work.

* * *

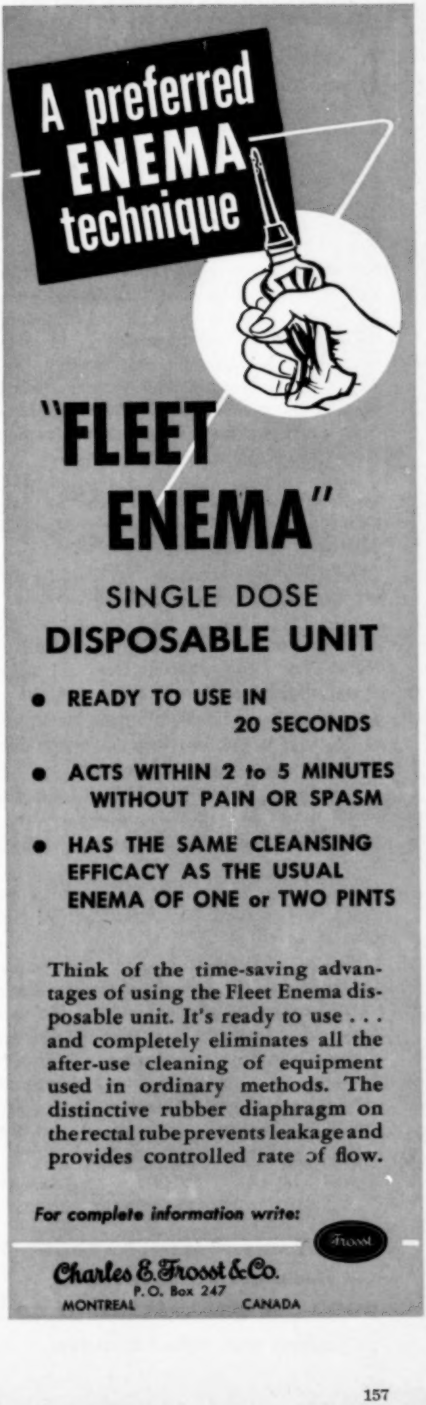
The past 15 years has seen a sharp rise in the total number of births occurring each year. At first this upsurge reflected largely the record number of new families formed. Since 1950 the baby boom has been sustained by a high level of fertility among married couples as evidenced by the growing popularity of moderate-sized families. Most striking in the fact that an increasing number of couples are now having a third or a fourth child. Fifth and subsequent births have also increased somewhat.

The shift toward larger families has come at a time when men and women are marrying earlier in life. As a result, a large proportion of the births are to relatively young parents. In more than two-fifths of the families, the wife was under 25 years of age and in seven-tenths she was under age 30.

— *Statistical Bulletin,* M.L.I.C.

* * *

It is good to have the things that money can buy, but it is also good to check up once in a while and be sure we have the things that money cannot buy.



A preferred
ENEMA
technique

"FLEET
ENEMA"

SINGLE DOSE
DISPOSABLE UNIT

- **READY TO USE IN 20 SECONDS**
- **ACTS WITHIN 2 to 5 MINUTES WITHOUT PAIN OR SPASM**
- **HAS THE SAME CLEANSING EFFICACY AS THE USUAL ENEMA OF ONE or TWO PINTS**

Think of the time-saving advantages of using the Fleet Enema disposable unit. It's ready to use . . . and completely eliminates all the after-use cleaning of equipment used in ordinary methods. The distinctive rubber diaphragm on the rectal tube prevents leakage and provides controlled rate of flow.

For complete information write:

Charles E. Frosst & Co.
P.O. Box 247
MONTREAL CANADA

Manitoba Practical Nurses

Commencing in 1957, the National League for Nurses' State Board Test Pool Examinations for Practical Nurses will be a Manitoba requirement for licensure. Since 1945 our Licensed Practical Nurse Act has been mandatory requiring the person who nurses for hire in Manitoba to be either a Registered Nurse or a Licensed Practical Nurse in good standing in the province. Requirements for licensure in Manitoba are:

(1) Minimum education: Manitoba grade X or equivalent as assessed by the Manitoba Department of Education (if over 35 years of age, minimum grade VIII)

(2) Successful completion of course given at a Manitoba Approved Practical Nurse School and pass mark in provincial Practical Nurse examination,

or

proof of qualifications equivalent to those required of an applicant from the Manitoba Approved Practical Nurse course.

(3) In 1957 pass mark in Test Pool Licensing examination.

After investigation and discussion we decided that the adoption of the Practical Nurse Test Pool examinations will be a progressive step as it will:

(1) Assist the Licensed Practical Nurses to identify themselves with a larger than local group.

(2) Help us compare our own with accepted standards for licensure.

(3) Help us assess our program and keep it up to date.

(4) Facilitate reciprocity for licensure or certification particularly within the jurisdictions using the Test Pool.

The Practical Nurse Test Pool examination booklets are not divided into subjects but otherwise are similar in form and administrative procedure to the Registered Nurse Test Pool examinations. Although it will not affect their standing in Manitoba some of our Licensed Practical Nurses are presenting themselves as candidates for the Test Pool examination next March.

Winifred M. Barratt
Registrar - Consultant

This space was reserved for
GOOD-LITE MANUFACTURING CO.
whose copy failed to arrive.

Stuttering

In the past decade, the belief that stuttering is mainly psychologic in origin has supplanted a number of traditional hypotheses that stressed physical causation of the disorder. Included among such earlier theories were those emphasizing hereditary factors, constitutional predisposition, "neurophysiologic instability," "cerebral dominance" and "biochemical imbalance."

Many speech pathologists now feel that stuttering is a learned behavior pattern that is perpetuated and reinforced by anxiety or fear of recurrence. The very effort not to stutter, when coupled with anxiety, aggravates the habit.

The problem is not a simple one. Some time ago a German doctor who attempted to catalogue the different behavior patterns associated with stuttering reached a figure of over 900. It has been noted that no two stutterers are identical in their speech reactions.

A fundamental step is to persuade the stutterer that he is not physically or anatomically handicapped. Reading in unison with others who are similarly handicapped helps to persuade him of this. With removal of the need to be perfectly fluent, stuttering disappears temporarily. The activities performed by the stutterer — tensing of throat muscles, pressing the lips together, throwing the head back — are recognized and gradually reduced by having him observe his stuttering in a mirror. Tape recordings enable him to hear himself and recognize the possibility of specific changes in speaking. Practice in talking before the group, or to a class in speech pathology, provides reassuring audience responses.

Association with others contending with the problem of stuttering is, in itself, therapeutic. Partly for psychological reasons, and partly because stutterers talk much less than other people, they are encouraged to discuss their problems together and, in groups of two or three, to visit stores or other places where some sort of conversation can be carried on. Any experiences that stimulate broader social activities on the part of the stutterer by taking him away from his personal anxieties and tensions, promote speech improvement.

In dealing with very young children major emphasis is placed on proper counselling of the parents. With adequate guidance, the parents learn to become the kind of listeners to whom youngsters may talk freely, without uneasiness or reluctance — an essential for overcoming the handicap of stuttering.

— *Scope Weekly*

* * *

Experimental evidence that attempts to obtain samples of amniotic fluid from pregnant women to diagnose the sex of the fetus may result in congenital malformations was reported by a team of scientists from the Department of Genetics, McGill University.

The team found that where attempts were made to inject substances into the amniotic sacs of mouse embryos, amniotic-fluid leakage caused abnormalities. They also inserted a hypodermic needle without injecting anything and found that of 14 treated mice, six aborted or resorbed their litters.

In the remaining eight litters, 10 out of the 17 treated embryos that survived had cleft palates, whereas the palates of the 15 control embryos were fused.

"These cleft palates appear to have resulted from a loss of amniotic fluid, which constricted the embryo, pushing the head down on the chest, and forcing the lower jaw upward." Thus the tongue was forced between the palatine shelves, which therefore could not fuse.

"Our results with mice suggest that there may be a definite risk to the baby in inserting a needle into the amniotic sac in human beings, especially during the early stages of pregnancy, when there is the danger of inducing abnormalities in the developing embryo."

—*Scope Weekly*

* * *

Silence is not always golden. Sometimes it's just guilt.

News Notes

ALBERTA

DISTRICT 2

PONOKA

Thirty-three members attended a recent district meeting and began to make plans to assist with the next annual convention. Members are to act as hostesses on that occasion. Committees have been set up to plan the program and provide entertainment. Candy sales have helped to improve the financial picture and the possibility of hold-

Fulfills all 3 therapeutic objectives

with 1 single herbal ingredient

In treating coughs and respiratory disorders three objectives are essential: (1) Control of the cough impulse; (2) Stimulating natural respiratory tract fluid; (3) Increasing ciliary activity.

Pertussin fulfills all three of these requirements *with one single herbal ingredient . . . thyme!* The pharmacodynamic influence of Pertussin supplies such necessary therapeutic elements . . . yet it contains no opiates, bromides, coal tar derivatives or depressants. It is an ideal vehicle for other medications. Non-constipating. Equally effective for children and adults.

PERTUSSIN LIMITED
250 St. Zotique West
Montreal, Quebec

ing a variety show as a fund-raising scheme was investigated. A Christmas party following the business meeting in December was enjoyed by all. A committee was set up to investigate the subject of accreditation of schools of nursing and a report was presented in January.

WETASKIWIN

Mr. C. Harris showed an interesting film illustrating the effects of a new tranquillizer drug at a chapter meeting late in November. Members voted to establish a bursary and a committee was selected to draw up a tentative plan. It was also approved that a cheque should be sent to the Bethany Home for Children.

DISTRICT 3

CALGARY

Sixty-four members attended a supper meeting of the district association held at Calgary General Hospital in November, 1956. Dr. Ralph Duncan, guest speaker for the occasion, discussed the question of fluoridation of water supplies. Members were invited to attend a panel on "Cardiac Surgery" following the dinner meeting. Arising out of a report presented by A. Fallis on the executive meeting of the A.A.R.N. held earlier in the month, a committee was chosen to study changes in the bylaws.

DISTRICT 6

RED DEER

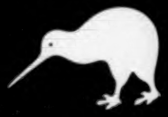
Dr. Bryck gave an interesting description of his work among the Eskimo people of Canada's northland at a recent meeting. The slides shown in conjunction with his lecture illustrated various aspects of his activities clearly. A sale of home-made candy early in December of last year was planned as a money-making project. A scrapbook prepared by Mrs. Forbes proved most satisfactory to all.

DISTRICT 7

EDMONTON

The North American film première of "A Lamp is Heavy" was held at the home of the author, Sheila MacKay Russell, early in October 1956. The major content of the book has been retained in the film version and it is considered by those who viewed it, one of the best pictures produced about nursing. A native of Calgary and a graduate of the General Hospital in that city, Mrs. Russell has engaged chiefly in public health nursing. She became Assistant Director of Public Health Nursing and Health Education with the provincial health department prior to her marriage in 1947. Mrs. Russell is also the author of "The Living Earth" — another best seller about nursing.

Seventy-nine members attended the No-



KIWI
White

FOR
ALL WHITE SHOES

- Dries Whiter — Stays Whiter
- Will not rub off
- Goes further — Covers better

Contains TiO_2 the
WORLD'S WHITEST WHITE

WILLS EYE HOSPITAL
Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

- MAINTENANCE AND STIPEND: **$165** per month for four months and **$175** per month for the next two months.
- REGISTRATION FEE is **$15** which takes care of pin and certificate.
- Classes start **March 15th and Sept. 15th.** Ophthalmic nurses are in great demand for hospital eye departments, operating rooms, and ophthalmologists' offices.

For information write to

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street
Philadelphia 30, Penna.

(*Laddie Ponich Studios, Edmonton*)

SHEILA MACKAY RUSSELL

vember, 1956 district meeting. Mrs. Alexander reported that a "brunch" held recently was a financial success. Mrs. A. Taylor, a member of the Local Council of Women, was nominated to life membership. Guest speaker was Dr. Callaghan who gave an interesting talk on open heart surgery. Nursing proceedings in the care of these patients were described by Mrs. Gellatly.

JASPER

The Edith Cavell chapter plans to present a home nursing course since a number of girls have indicated their interest. It is hoped that an opportunity will be forthcoming to attend a showing of first aid films. Members volunteered to assist the C.N.I.B. in their canvass for funds.

STONY PLAIN

Miss G. Brunton, Director of Educational Services for the Alcoholism Foundation, was one of the special guest speakers at a recent chapter meeting. She discussed the work of the Foundation. Arrangements are being made to hold a first aid course with the assistance of the St. John Ambulance Brigade.

BRITISH COLUMBIA

CHILLIWACK

The latest developments in cardiovascular surgery were discussed by Dr. J. E. Musgrove, Vancouver at one of the chapter meetings. J. Barwell was the winner of a raffle held in December. J. Russell showed an interesting selection of films at the Christmas meeting.

Healing is
CONSTANT
•
Changing of Dressings
COMFORTABLE
WITH
OZONOL*
OZONOL
OINTMENT
CARTER, CUMMINGS & CO. LTD.

No danger of tearing newly formed skin tissues when you change dressings on burns, cuts, scalds, irritated skin treated with OZONOL Ointment.

For soothing, cooling OZONOL is non-adhering and reduces scarring. Its emollient action relieves pain, its healing action is rapid, uninterrupted.

INDICATIONS: burns and scalds; hemorrhoids, pruritus; excoriation, dermatitis, chafing; cuts, abrasions and other skin wounds.

INGREDIENTS: alum, phenol, ichthyol, thymol iodide, zinc oxide and soothing oils of camphor and thyme in a special lanolin base.

AVAILABILITY: 1¼ oz. tubes; 1 lb. and 5 lb. containers.

OZONOL*

made only by
CARTER, CUMMINGS & CO., LTD., WINDSOR, ONTARIO
*T.M. Reg. in Canada

—MAIL COUPON NOW FOR OZONOL SAMPLE—
Carter, Cummings & Co., Ltd.
443 Riverside Drive West
Windsor, Ontario
Please send me free sample tube of Ozonol Ointment.
Name . . . .
Address . . . .
Province . . . .

Descriptive Tour Folder Now available!

INTERNATIONAL CONGRESS ROME May 1957

In cooperation with the C. N. A., Cook's have planned a wonderful program of Europe Tours, in conjunction with the great Congress next spring. For reservations apply promptly to the C. N. A.

THOS. COOK & SON
(Continental & Overseas) Ltd.

Montreal: 1241 Peel St.....Toronto: 94 Adelaide St., W...Calgary: 702 2nd St., W........Edmonton: 10039 Jasper Ave.....Vancouver: 625 W. Pender St.............Winnipeg: 224 Portage Ave.

CRANBROOK

Members have enjoyed unusually interesting chapter meetings over the past months. N. Lee gave a glowing report of the Biennial Convention in 1956 which she attended as delegate. Dr. G. A. Gibson, medical director of the East Kootenay public health unit, discussed the use of Salk vaccine at one meeting. Mr. G. A. Willis, funeral director, presented a fascinating description of the methods of embalming used by different tribes and nations as part of an address in which he clarified various aspects of his particular field of service.

Efficiency Economy Protection

Require THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO
NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 25¢ per tube

VANCOUVER

St. Paul's Hospital

Mrs. Brian Gattie, president of the Women's Auxiliary to the Canadian Arthritic and Rheumatic Association described the work of this group and the part taken by the members of the auxiliary in assisting with it, at the November alumnae meeting. A fashion show and sale of work held in the nurses' residence was an entertaining and profitable venture. J. Morin and J. Cote have joined Trans-Canada Airlines, and are based at Montreal and Toronto respectively. M. Doyle, also with T.C.A., is now based at Calgary. T. Newalsukino and H. Dyck are on the staff of Hamilton General Hospital.

MANITOBA

DISTRICT 2

BRANDON

Miss Lillian Pettigrew, as guest speaker at a recent meeting, gave a comprehensive interpretation of the Act and bylaws of the M.A.R.N. Eighteen postgraduates nurses presently enrolled in the course of study at the Hospital for Mental Diseases attended the meeting as guests and were introduced by Mrs. Julia Hannah. The graduate students represented several provinces in Canada, with one representative from London, England. This is one of the largest classes to undertake the specialized training since the hospital dropped its regular course of instruction in favor of extended psychiatric experience.

WINNIPEG

Misericordia Hospital

The alumnae association's annual Christmas party was held early in December in the new auditorium. Approximately 115 members enjoyed an evening of entertainment and fun with the arrival of Santa contributing to the holiday atmosphere.

A successful sale of home baking sponsored by the student nurses helped to swell the funds needed for publication of their annual Year Book. Staff members and students attended the celebration of Mother St. Odilon's feast day in December. The annual staff Christmas party was thoroughly enjoyed by all in attendance. The student nurses brightened Christmas for the patients with their carol-singing.

ONTARIO

DISTRICT 5

TORONTO

St. Michael's Hospital

H. O'Brien and L. Bridger have taken

up their new posts at Anchorage, Alaska. A. McBride has joined the staff of the Pomona Valley Hospital, California. R. O'Reilly is with the B. C. Cancer Institute, Vancouver. M. Flaherty is an assistant head nurse at the Holy Cross Hospital, Calgary. E. Murphy is on the V.O.N. staff at Digby, N. S. S. Galliano is on the staff of the Santa Monica Hospital, California.

QUEBEC

MONTREAL

Royal Edward Laurentian Hospital

A successful sale of work by Auxiliary members raised a substantial amount of money to help carry on the work of the organization. An extensive display of handicrafts done by the patients in the hospital was a feature attraction. The new nurses' residence of the Montreal division is an object of considerable pride. The interior is bright, modern and comfortable. The ninth floor penthouse of the hospital will accommodate a class-room, nurses' reference library and teachers' office.

The Occupational Therapy department of the Laurentian division has moved to larger quarters and introduced several new crafts. Power tools were supplied by the auxiliary, and the patients are also engaged in making enamel jewellry and articles in pewter, brass and copper. Business school classes supported entirely by the auxiliary are held twice weekly ten months of the year.

For those who might be interested in assisting with the work of the organization, volunteer workers are needed in the Records Room of the Montreal division, St. Urbain Street. Novels and magazines for the patients would be welcomed by the same unit.

Royal Victoria Hospital

Early in December the annual Christmas Tea of the alumnae association was held in the nurses' residence. At a short business session preceding the tea, a new sewing room was presented for the use of the student nurses, fitted with equipment provided by the association. Members of the graduating class of 1957 were guests of honor on this occasion.

E. Murray is with the V.O.N., Creston, B.C. M. Dolphin who has been working with WHO in Aleppo, Syria is presently in Geneva. E. Wade is medical librarian at Women's College Hospital, Toronto.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

In November the students presented their annual musical program in honor of St. Cecilia, the patroness of music. Piano solos, twin piano duets, vocal solos, dances and songs by the junior and senior Glee Clubs delighted the audience.

THE ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC

The 1957 Spring Examinations for Provincial Registration will cover two groups of candidates, and will be held as follows:

Examinations for Registration — Part II:

Graduates desiring to qualify for a license to practise will write on *April 15th, 16th and 17th, 1957*. Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.

Applications must be received by March 8th, 1957.

Examinations for Registration — Part I:

Students who will have completed their first year will enter the Examinations for Registration, Part 1, which will be held on *March 11th, 12th, 13th and 14th, 1957.*

Applications must be received by February 1st, 1957.

(Time to be announced in each school.)

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

A. WINONAH LINDSAY, R.N.,
Secretary-Registrar
Suite 506—1538 Sherbrooke Street, West
Montreal 25, P.Q.

THE NATIONAL HOSPITAL
Queen Square,
London, W.C.1.
and
MAIDA VALE HOSPITAL
London, W.9, England

POSTGRADUATE NURSING EDUCATION
for
MEDICAL NEUROLOGY AND BRAIN SURGERY

One year courses open to graduate nurses.
3 mos. full-time instruction in the school.
8 mos. clinical experience.
1 mo. vacation.
Certificate & Badge awarded.
Salary paid throughout the year.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month o publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Night Matron. Salary: $3,660-$4,260 per annum. **General Graduate Nurses.** Salary: $3,240-$3,720 per annum. 44-hr. wk. Residence with board if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply Superintendent of Nurses, Baker Memorial Sanatorium, Calgary, Alberta.

Matron (Immediately) for 18-bed hospital. 40-hr. wk. Statutory holidays & regular vacation. Maintenance at cost. Beautiful location. Apply with full details & salary expected to Administrator, Arrow Lakes Hospital, Nakusp, British Columbia.

Director of Nursing (Immediately) for 91-bed General Hospital in central B.C. Progressive community, new hospital under construction. Staff of 35 nurses, 15 nurse aides & 3 orderlies to supervise. Board & lodging available at nominal rate. Transportation refunded after 6-mo. service. Further particulars available from the Administrator, Prince George & District Hospital, 1155 Lethbridge St., Prince George, B.C.

Director of Nursing for 37-bed hospital, 20 mi. east of Toronto. 5-day wk. Apply Administrator, Ajax & Pickering General Hospital, Ajax, Ontario.

Matron for 23-bed hospital (Immediately). Salary: $270-$295. We have 2 doctors & full complement of nurses. Good farming area. Green Water Lake summer resort nearby. Please state experience & apply P. Tomyn, Sec.-Manager, Union Hospital, Kelvington, Sask.

Associate Director of Nursing Service for 175-bed hospital & school of nursing. New 291-bed hospital to be opened early this year. Excellent personnel policies. Salary open for this position. Apply Director of Nursing General Hospital, Medicine Hat, Alberta.

Supervisor of Nursing (R.N. experienced in nursing service administration desirable) for new modern 50-bed General Hospital in progressive town (10,000) in Cariboo Dist. central B.C. 14 R.N.'s., 10 Aides, 6 Med. staff. Priv. suite in new residence. Salary commensurate with qualifications. 40-hr., 28 days vacation plus 10 statutory holidays. Sick leave. Travel allowance. Please state age, salary expected, experience & references to Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Supervisor (1), Registered General Duty Nurses (2), Operating Room Nurse (1), immediately for 40-bed hospital in the Annapolis Valley, N.S. Apply Superintendent, Western Kings Memorial Hospital, Berwick, N.S.

Operating Room Supervisor for 97-bed hospital. 44-hr. wk. Statutory holidays. Employee benefits. Living accommodation available. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Night Supervisor for 20-bed Obstetrical & Surgical Private Hospital in industrial town 60 mi. from Montreal. Apply Dr. H. D. Smith, Hawkesbury, Ontario.

Supervisors & Staff Nurses. Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

Obstetrical Supervisor & **General Duty Nurses** for 100-bed modern hospital in south western Ontario — 32 miles from London. Apply giving full particulars of experience to the Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

Night Supervisor, Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriner's Hospital for Crippled Children. 1529 Cedar Ave., Montreal, Que.

Supervisor, starting salary: $245 (must be registered in Sask.). **Charge Nurses,** starting salary: $235. **General Duty Nurses,** salary: $220. 6 increments of $5.00 per mo. every 6 mo. 28-day vacation plus 9 statutory holidays. Full maintenance, $30 per mo. if desired. Apply Director of Nursing, Victoria Hospital, Prince Albert, Sask.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or moire years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

Operating Room Supervisor, General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, Paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

Science Instructor for 200-bed General Hospital. School of Nursing, September classes only. 40-hr. wk., 1 mo. annual vacation, 10 statutory holidays. 1½ days sick leave per mo. cumulative. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Clinical Instructor for 50-student school of nursing. New Nurses' residence combined with teaching unit. For further information apply to Director, School of Nursing, Victoria Hospital, Winnipeg, Manitoba.

Instructor for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Instructors (Medical-Surgical Nursing), Assistant Clinical Instructors. B.S. degree required. 5-day wk. 4-wk. vacation, 6½ holidays. 2-wk. sick leave, social security & group insurance. Apply Director of Nurses, Borgess Hospital, Kalamazoo, Michigan.

Assistant Instructor of Nurses to teach sciences & assist with clinical teaching. Salary: $330-$390 per mo. **Graduate Nurses** preferably with psychiatric nursing experience. Salary: $270-$310 per mo. 1500-bed active treatment hospital. 44-hr. wk. Modern residence with board if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply stating qualifications & experience to Superintendent of Nurses, Provincial Mental Institute, Box #307, Edmonton, Alberta.

Registered Nurse for 36-bed hospital. Starting salary: $205 per mo. Blue Cross benefits, sick leave etc. Apply Superintendent of Nurses, Hospital District No. 24, Box 330, Altona, Manitoba.

Registered Nurse for 40-bed northern hospital. Experienced in X-ray, laboratory & operating rooms & to act as assistant to Matron. For complete information write Matron, Yellowknife District Hospital, Yellowknife, N.W.T.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence. 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

McKellar General Hospital, Fort William, Ont., requires **Registered General Duty Nurses.** Good personnel policies. Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped & well staffed wing with extensive renovation program progressing in the old section. Apply Director of Nursing.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered General Duty Nurses for 200-bed hospital. Gross salary: $225 per mo. Additional salary for university degree or postgraduate course. Apply Director of Nursing, St. Joseph's General Hospital, Port Arthur, Ontario.

Registered General Duty Nurses for 200-bed General Hospital. Salary: $220 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing, General Hospital, Sault Ste. Marie, Ontario.

Registered General Duty Nurses for County Hospital in Huntingdon, 45 mi. from center of Montreal. Excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. 2 theatres, bowling, curling & dancing. 8 mi. from summer resort on Lake St. Francis & 12 mi. from U.S. border. Gross salary: $200 per mo. Three $5.00 increases at 6-mo. intervals to maximum $215. 44-hr. wk., 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 2-wk. sick leave. Blue Cross paid. 1 mo. annual vacation, all statutory holidays. Apply Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses (2) for modern 8-bed hospital. Salary: $240 per mo. with $5.00 increments after 6-mo. service up to $250 per mo. Full maintenance provided for $30 per mo. Apply to Secretary-Treasurer, Union Hospital, Hodgeville, Saskatchewan.

Registered Nurses (2) immediately for new, modern 15-bed hospital. Salary: $230 per mo. with $25 deducted for full maintenance. $180 bonus plus 1 mo. vacation after 1 yr. continuous service. New & fully modern nurses' residence. Apply Matron, Union Hospital, Maidstone, Sask.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good persnnnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses. Starting salary: $300 per mo. & includes Institutional Insurance & Social Security. Apply Sister Mary Columba, R.S.M., R.N., St. Elizabeth Hospital, 402 Main St., Red Bluff, California.

Registered Nurses (Under 50 yrs. of age). Head Nurses: $315-$375 (5 steps). **General Duty:** $300-$350 (5 steps). Retirement plan, sick leave benefits. 3-wk. vacation, holidays. Modern nurses' residences. State eligibility for California registration. Tuberculosis, other chest diseases, chronic illness. Rehabilitation ward recently opened. Interesting & challenging positions for qualified registered nurses. Submit photo to Director of Nursing Services, Tulare-Kings Counties Hospital, Springville, California.

Registered General Duty Nurses (All Departments) for 650-bed teaching hospital located in southwestern Ohio. Good salary program. 40-hr. wk., paid vacation, liberal employee benefits. Write Director of Nursing, Miami Valley Hospital, Dayton 9, Ohio.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

Registered General Duty Nurse in 50-bed hospital in a state institution for children. Could use husband in ward, shop or farm. Beginning salary: $200 plus full maintenance or $250 & live out. 40-hr. wk. plus vacation & sick leave. Good hospital facilities & supervision. Wonderful climate in a mountain setting. Apply State Training School, Lander, Wyoming.

General Duty Nurses (2) for 16-bed hospital. Salary: $230 per mo. less maintenance of $25 per mo. Increase of $5.00 per mo. for each 6 mo. of service up to 2 yrs. Income tax deduction & Blue Cross on a 50-50 basis. 1 mo. annual vacation with pay after 1 yr. service. Hospital is centrally located between 2 lake resorts etc. Apply Miss E. L. Weaver, R.N., Matron, Municipal Hospital #43, Bentley, Alberta.

General Duty Nurses (3) for new, modern 54-bed hospital. Gross salary: **$215 per mo. with pension plan. 44-h. wk. 3-wk. vacation after 1 yr. service plus statutory holidays. Accumulative sick leave. Newly renovated residence open 1st. of yr.** Plenty of outdoor activities. Apply Miss J. McPhee, Matron, Municipal Hospital, Vermilion, Alberta.

General Duty Nurses, $230-$250, Operating Room Nurse, $250-$270 including increments. 40-hr. wk. 28 days vacation & 1½ days sick leave monthly. Room & full board $25 per mo. Fare from Vancouver refunded after 6 mo. service. Apply Matron, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses for 430-bed hospital; 40 hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 91-bed General Hospital in central B.C. Accommodation available at nominal rate. Splendid opportunity to see the fabulous B.C. interior. Fare refunded after 6-mo. service. Apply giving full particulars to Administrator, Prince George & District Hospital, 1155 Lethbridge St., Prince George, B.C.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $215 per mo. if registered in Ontario, $205 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Duty Nurses (2) for new 173-bed hospital. Good personnel policies. Starting salary: $215 per mo. 44-hr. wk. Apply Director of Nurses, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $303-$356 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

General Duty Nurses (Staff positions in all Clinical areas) for 260-bed teaching hospital located half way between Detroit & Chicago. Day duty: $271 per mo. Evening & night duty: $301 per mo. 40-hr. wk. 2-wk. vacation. 2-wk. sick leave. 6½ holidays. Social security & group insurance. Apply Director of Nurses, Borgess Hospital, Kalamazoo, Michigan.

Work & play in Southern California. Staff Nurses for 370-bed approved General Private Hospital. Pleasant resort community 21-mi. from Los Angeles. Salary: $275 per mo. with $15 per mo. merit increases. Liberal personnel policies. Apply Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Ave., Long Beach 13, California.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses — Come & work at Merced County General Hospital, 312-beds. Merced — the gateway to Yosemite National Park & 3 hrs. from San Francisco. No rotation of shifts. Salary: $295-$341 per mo. with evening & night differentials. 40-hr. wk. Annual vacation, liberal holidays, sick leave. Nurses' residence available for $10 per mo. Apply to County Personnel Department, Courts Bldg., Merced, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses urgently needed, **Head Nurse** for Night Duty. Salary: $285 per mo. plus $10 bonus on evening & nights. 40-hr. wk. Living quarters are available. Apply Mrs. Bernice Harris, Administrator, Tulare District Hospital, 869 Cherry Ave., Tulare, California.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Graduate Nurses (4) for permanent staff Municipal Hospital. Net salary $180 per mo. with full maintenance. At the end of each 6-mo. period on staff Graduate nurses will receive a bonus of $120 thus making the net salary in effect $200 per mo. before income tax. 2 day vacation time in earned each full mo. worked, 8 statutory holidays in addition. Liberal sick pay & free hospitalization included in plan. We have a very nice residence for the nursing staff & are only 2 hrs. from Calgary by Trans-Canada highway or C.P.R. main line. You will like it here. Apply Matron. Municipal Hospital, Bassano, Alta.

Graduate Nurses for 125-bed maternity hospital & operating rooms of the Royal Alexandra Hospital. Personnel policies on request. For particulars apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Graduate Nurses (2) for 28-bed hospital. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days sick leave per mo. yearly accumulative. Pleasant surroundings. Nice nurses home. Apply Grand Forks Community Hospital, Grand Forks, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $235 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. accumulative. Apply, stating experience to Matron, Terrace & District Hospital Terrace, British Columbia.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $239. per mo. as minimum & $277.25 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

Graduate Nurses (2) for 33-bed General Hospital at Espanola (45 miles from Sudbury). Salary: $215-235 per mo. Blue Cross. Laundry provided. Apply Superintendent, General Hospital, Espanola, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Nurses. Salary range: $369-$409 monthly for 40-hr. wk. Positions in both psychiatric & general duty at Wayne County General Hospital & Infirmary, Eloise, Michigan, located 17 mi. from downtown Detroit. Liberal vacation & sick leave. Candidates must be graduates of accredited Canadian nursing schools. Visa required. For further information apply Wayne County Civil Service Commission, 628 City-County Building, Detroit 26, Michigan.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking 5-day wk., 4-wk. vacation, 18 days sick leave accumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurse (Qualified) for generalized program including bedside nursing. Salary: $3,000-$3,600. Annual increment $150. Car provided or car allowance. Vacancy at Brighton office. Apply to Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Public Health Nurse (1) for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

Public Health Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group insurance available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (Qualified) for a generalized program in Etobicoke Township (suburb of Toronto). Minimum salary: $3,200. Annual increments to $3,680. Starting salary based on experience. Car ollawance $670 per annum. 4 wk. vacation after 1 yr. Blue Cross & Pension Plan. Apply Director of Public Health Nursing, Township of Etobicoke 4946 Dundas St. W., Toronto 18, Ont.

Required: CLINICAL & SCIENCE INSTRUCTORS

JEFFERY HALE'S HOSPITAL
QUEBEC CITY, QUEBEC

Apply to: DIRECTOR OF NURSING

Public Health Nurses (Qualified) for generalized public health nursing service by City of Toronto, Dept. of Public Health. Salary range: $3,284-$3,729, starting salary based on experience. Annual increments. 5-day wk., vacation. Shared hospitalization, sick pay & pension plan benefits. Apply Personnel Department, Room 320, City Hall, Toronto, Ont.

Public Health Nurses immediately (Generalized Program) for Township of North York (a suburb of Toronto). Salary range: $3,120-$3,640 per yr., maximum reached in 4 yrs. $60 per mo. car allowance. Health & Pension plans with cost shared by the municipality. 4-wk. annual vacation. Address inquiries to Dr. Carl E. Hill, M.O.H., 5000 Yonge St., Willowdale, Ont.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Laboratory Technician for 97-bed hospital experienced in urinalysis, hematology, chemistry and blood bank. Living accommodation available. For further information apply Administrator, General & Marine Hospital, Collingwood, Ontario.

Registered or Licensed Practical Nurse for General Duty for 8-bed hospital. Salary: **R.N.,** $200 per mo. **Licensed Practical,** $125 per mo. Full maintenance & living-in privileges. Five yearly increments of $5.00 per mo. at conclusion of 1st yr. of employment. Experienced **Nurses' Aides** may apply for employment. Apply John Hiscock, Secretary-Treasurer, Medical Nursing Unit, Baldur, Manitoba.

Baker Memorial Sanatorium, Calgary, Alberta offers to **Graduate Nurses** a 6-mo. postgraduate course in Tuberculosis. Maintenance & salary as for General Staff Nurses. Opportunity for permanent employment if desired. Spring & Fall classes. Apply Superintendent of Nurses.

Matron (Immediately) with previous experience for new, modern 25-bed hospital in scenic Rocky Mountains near Banff. Particulars on request. Apply Personnel, Community Windermere District Hospital, Invermere, British Columbia.

Director of Nursing & Principal of the School of Nursing, Royal Columbian Hospital, (434-bed), New Westminster, British Columbia. Duties consist of directing nursing services & accredited school of nursing of approx. 225 students. Teaching & administrative experience required — prefer minimum of 5 yrs. as director or asst. director experience. Remuneration commensurate with experience & responsibilities. Please reply giving full details of nationality, training, experience, age etc. to Secretary, Board of Directors, not later than March 15, 1957.

Director, School of Nursing for 254-bed General Hospital (125 students). Diploma program, State approved, temporary N.L.N. accreditation. University affiliation also Psychiatric & Tuberculosis affiliation. Salary open. For information write Director of Nurses, East Tennessee Baptist Hospital, Knoxville, Tennessee.

Nursing Arts & Medical-Surgical Nursing Instructors for 254-bed General Hospital (125 students). 3-yr. diploma program. University affiliation, also Psychiatric & Tuberculosis affiliation. Good personnel policies. Salary dependent upon experience & preparation. For further information write Director of Nurses, East Tennessee Baptist Hospital, Knoxville, Tennessee.

Registered General Duty Nurses (2) for 35-bed hospital. Salary: $196 per mo. plus full maintenance, 4 increments of $5.00 per mo. after each 6-mo. 1-mo. vacation with pay. Sick leave & hospitalization benefits. If employed for 1 yr. train fare refunded from any point of Canada. Apply Miss A.A. MacDonald, Matron, Municipal Hospital, Two Hills, Alberta. Telephone 335.

Registered Nurses (Immediately) for new modern 25-bed hospital in scenic Rocky Mountains near Banff. Salary according to B.C. Nurses' Association. New modern nurses' home. Particulars on request. Apply Personnel, Community Windermere District Hospital, Invermere, B.C.

REGISTERED NURSES
NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

CITY OF WINNIPEG MUNICIPAL HOSPITALS

HAS OPENINGS FOR REGISTERED NURSES

40-hr. wk. Statutory holidays. Liberal sick time. Pension plan. Holiday allowance.

Accommodation available in nurses' residence. Uniforms laundered free.

Salary min. $215, max. $248. Evening duty additional $10.

APPLY TO: SUPERINTENDENT OF NURSES, WINNIPEG MUNICIPAL HOSPITALS,
MORLEY AVE. EAST, WINNIPEG 13, MANITOBA.

Registered General Duty Nurses for 25-bed hospital. Starting salary: $190-$210, regular increases. For further information apply Superintendent, Englehart & Dictrict Hospital Inc., Englehart, Ontario.

Registered General Duty Nurse (O.R. experience preferred) for modern 18-bed Private Hospital in iron mining town, 160 mi. north of Sault Ste. Marie, Ont. Starting salary: $245 (with O.R. experience $255) with annual increase, less $20 per mo. for maintenance. Excellent accommodations & personnel policies. Transportation allowance after 3 mo. service. **Operating Room Supervisor** vacancy expected in several mos. Salary: $265. Apply Superintendent, Lady Dunn Hospital, Jamestown, Ontario.

Registered General Duty Nurses for active 300-bed hospital. Starting salary: $225 per mo., 2 annual increases. 21-days annual vacation for the first 2-yrs., 28-days the 3rd & following yrs. 8 statutory holidays. 44-hr. wk. Transportation up to $50 refunded after 1 yr. Accommodation available in new nurses' residence if desired. Apply Director of Nursing Service, The General Hospital, Port Arthur, Ontario.

Registered General Duty Nurse for active 18-bed hospital. Excellent salary. 44-hr. wk. 3-wk. vacation after 1 yr. service, statutory holidays & sick leave benefits. Apply Administrator, District Hospital, Shelbourne, Ontario.

General Duty Nurses for 35-bed hospital, 50-mi. from Toronto. Salary: $200 less $30 for full maintenance. 8-hr. duty. Good personnel policies. Good living accommodation in residence. Apply to Superintendent, Stevenson Memorial Hospital, Alliston, Ont.

Laboratory & X-Ray Technician for active 35-bed hospital, 50 mi. from Toronto. Duties to commence June 1, 1957. Good personnel policies. Good living accommodation in nurses' residence. For further information please apply to Superintendent, Stevenson Memorial Hospital, Alliston, Ont.

HOSPITAL INSPECTOR & CONSULTANT (Female)

B.C. Civil Service; Hospital Insurance Service, Victoria

Salary: $315 rising to $375 per mo. Must be British subject; Registered Nurse eligible for Registration in B.C.; recent experience as Supervisor or Director of Nursing, preferably with experience in small as well as large hospitals.

For further information & application forms apply to the

CHAIRMAN, CIVIL SERVICE COMMISSION,
PARLIAMENT BLDGS., 544 MICHIGAN ST., VICTORIA, NOT LATER THAN FEB. 28, 1957.

APPLICATIONS ARE INVITED FOR:

(1) Head Nurse, Medical Unit Days (29-bed unit)

(2) Head Nurse, Obstetrical Unit 11:00 p.m. to 7:00 a.m. (30-bed unit)

(3) General Staff Nurses, Medical, Surgical, Obstetrical & Emergency department.

Good personnel policies.

APPLY: DIRECTOR OF NURSING,
WOODSTOCK GENERAL HOSPITAL,
WOODSTOCK, ONTARIO

TORONTO HOSPITAL

(for Tuberculosis)

WESTON (TORONTO 15)
ONTARIO

Applications are invited from graduate nurses for general duty staff appointments in metropolitan Toronto. Opportunities for advancement. Pension plan. Accumulative sick leave. Residence for nurses available. Also postgraduate course.

For further information apply to:

Director of Nursing,
Toronto Hospital for T.B.,
Weston (Toronto 15) Ont.

CAMP DIRECTORS

ONTARIO SOCIETY FOR CRIPPLED CHILDREN

Requires Graduate Nurses interested in directing a Camp for Crippled Children during 1957 summer season.

For further information apply to:

SUPERVISOR OF CAMPS, ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE ST., TORONTO 2, ONTARIO.

GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission requires a Housekeeper, capable of meal planning, and Nurses at their headquarters at St. Anthony, Newfoundland. These are positions which combine work in a modern hospital with the opportunity for service to the people of the Canadian Northland.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY,
GRENFELL LABRADOR MEDICAL MISSION, 48 SPARKS STREET,
OTTAWA 4, ONTARIO.

GENERAL STAFF NURSES
OBSTETRICAL SUPERVISOR (QUALIFIED)
HEAD NURSE, NURSERY

(Postgraduate experience preferred)

300-bed General Hospital. Excellent Personnel Policies.

For further information apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, REGENT ST. S., SUDBURY, ONTARIO.

SARNIA GENERAL HOSPITAL
SARNIA, ONTARIO

Applications are invited for the following positions:

1. **Obstetrical Supervisor**
2. **Operating Room Supervisor**
3. **Assistant Operating Room Supervisor**
4. **General Duty Nurses**

Apply stating qualifications & experience to:

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONT.

REGISTERED NURSES
for the
DEPARTMENT OF HEALTH & SOCIAL SERVICES
PROVINCE OF NEW BRUNSWICK

Registered Nurses interested in psychiatric nursing for preparation in clinical supervision & teaching. In-service training will be part of the orientation program. Bursaries available for postgraduate education after 1 yr. service.

Beginning salary: $2,760 per annum with increases according to ability, experience & postgraduate preparation.

For further information apply to:

THE CHAIRMAN, CIVIL SERVICE COMMISSION, P.O. BOX 1055
FREDERICTON, N.B., OR SUPERINTENDENT OF NURSES,
PROVINCIAL HOSPITAL, LANCASTER, N.B.

SUDBURY MEMORIAL HOSPITAL

REQUIRES

SUPERVISOR OF NON-PROFESSIONAL PERSONNEL
Position available June 1.

SUPERVISOR OF GENERAL STAFF NURSES
Position available August 1.

Good personnel policies. Salary commensurate with qualifications & experience.

For further information apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, REGENT ST. S., SUDBURY, ONTARIO.

REGINA
GENERAL HOSPITAL

SCHOOL OF NURSING
Regina, Saskatchewan

Requires the following personnel immediately:

Assistant Educational Director

Assistant Nursing Arts Instructor

Medical Clinical Instructor

Excellent salary & personnel policies.

1 class a year admitted to school.

New modern teaching unit.

800-bed hospital.

APPLY TO: DIRECTOR OF NURSING

UNIVERSITY OF ALBERTA
HOSPITAL

requires

General Staff Nurses for 920-bed General Hospital to open a 250-bed addition in the near future. 40-hr. wk.

Salary schedule: $230-$260 per mo. with generous allowance for past experience. Excellent fringe benefits.

For further information apply to:

Associate Director
of Nursing (Service)
University of Alberta Hospital,
Edmonton, Alberta.

GRADUATE NURSES

An Exceptional
Opportunity at

NEW ROCHELLE HOSPITAL

New Rochelle, New York

A Voluntary, general hospital of 306 beds. Located in Westchester County, adjoining New York City.

BASE SALARY—Begins at $275. in cash per month, plus 2 meals and laundry.

INCREMENTS—$5.00 every six months for a period of four years.

PREMIUM—$25. for evening and for night duty.

VACATION—2 weeks first year; 3 weeks second year; 4 weeks thereafter.

HOLIDAYS—8 annually.

HOSPITALIZATION

HEALTH SERVICE

SOCIAL SECURITY

LOCATION—20 miles from New York City—on Long Island Sound. Train service every half hour to and from the City.

For further information write to:

DIRECTOR OF NURSING
NEW ROCHELLLE HOSPITAL
NEW ROCHELLE, NEW YORK

INSTRUCTORS

for the Ontario Hospitals at

COBOURG — HAMILTON — NEW TORONTO — ST. THOMAS

Salary: $3,120 - $3,600 per annum. 44-hr. wk. 3-wk. vacation with pay. Statutory Holidays. 18 days sick leave annually, accumulative. Superannuation plan.

APPLY TO SUPERINTENDENT OF NURSES AT THE ONTARIO HOSPITAL OF YOUR CHOICE.

REGISTERED GENERAL DUTY NURSES

for the Ontario Hospitals at

BROCKVILLE
COBOURG
HAMILTON
KINGSTON
PORT ARTHUR
LONDON
NEW TORONTO
ORILLIA
PENETANGUISHENE
SMITH'S FALLS
TORONTO
WHITBY
WOODSTOCK
TORONTO PSYCHIATRIC
ST. THOMAS

Salary: $2,760 - $3,240 per annum. 44-hr. wk. 3 wk. vacation with pay. Statutory holidays. 18 days sick leave annually, accumulative. Superannuation plan.

APPLY TO SUPERINTENDENT OF NURSES AT THE ONTARIO HOSPITAL OF YOUR CHOICE.

REGISTERED NURSES

$2,610-$3,360

CERTIFIED NURSING ASSISTANTS

$2,040-$2,220

SUNNYBROOK HOSPITAL
TORONTO

5-day week

WESTMINSTER HOSPITAL
LONDON

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

CIVIL SERVICE COMMISSION,
25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

OBSTETRICAL SUPERVISOR

· REQUIRED

FOR 26-BED TEACHING UNIT

QUEEN ELIZABETH HOSPITAL OF MONTREAL

Personnel policies as recommended by A.N.P.Q.

***Apply:* DIRECTOR OF NURSING, 2100 Marlowe Ave., Montreal 28, Que.**

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $220 to $260 gross per month. Differential for evening and night duty, Residence Accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $270 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

GRADUATE NURSES

BUILD YOUR FUTURE WITH US!

New 237-bed hospital has many interesting staff openings — Clinic Supervisors, Head Nurses, Clinical Instructors, O.R. Staff, Supervisors. Excellent personnel policies, in-service teaching program, college connection for degree work; team nursing.

General Duty — $260 plus shift differentials.

**CABELL HUNTINGTON HOSPITAL, 1340 SIXTEENTH STREET,
HUNTINGTON, WEST VIRGINIA**

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

Official Directory

CANADIAN NURSES' ASSOCIATION

270 Laurier Ave., W., Ottawa

President	Miss Trenna G. Hunter, Metropolitan Health Com., City Hall, Vancouver, B.C.
Past President	Miss Gladys J. Sharpe, Western Hospital, Toronto 2B, Ont.
First Vice-President	Miss Alice Girard, Hôpital St. Luc, Lagauchetière St., Montreal, Que.
Second Vice-President	Miss Helen Carpenter, 50 St. George St., Toronto 5, Ont.
Third Vice-President	Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax, N.S.
General Secretary	Miss M. Pearl Stiver, 270 Laurier Ave. W., Ottawa.

OTHER MEMBERS OF EXECUTIVE COMMITTEE

Presidents of Provincial Associations—

Alberta	Miss Elizabeth Bietsch, General Hospital, Medicine Hat.
British Columbia	Miss Alberta Creasor, 1645 West 10th Ave., Vancouver 9.
Manitoba	Miss Marie LaCroix, Misericordia Hospital, Winnipeg.
New Brunswick	Miss Grace Stevens, Box 970, Edmundston.
Newfoundland	Miss Elizabeth Summers, 30A Queen's Rd., St. John's.
Nova Scotia	Mrs. Dorothy McKeown, 79½ Allen St., Halifax.
Ontario	Miss Christine Livingston, 193 Sparks St., Ottawa 4.
Prince Edward Island	Miss Ruth I. Ross, 57 Orlebar St., Charlottetown.
Quebec	Mlle Eve Merleau, Apt. 52, 3201 Forest Hill, Montreal 26.
Saskatchewan	Miss Mary MacKenzie, St. Paul's Hospital, Saskatoon.

Religious Sisters (Regional Representation)—

Maritimes	Rev. Sister Helen Marie, St. Joseph's Hospital, Saint John, N.B.
Quebec	Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal.
Ontario	Rev. Sister M. de Sales, St. Michael's Hospital, Toronto 2.
Western Canada	Rev. Sister M. Laurentia, Providence Hospital, Moose Jaw, Sask.

Chairmen of National Committees—

Nursing Service	Miss Electa MacLennan, Dalhousie University, Halifax, N.S.
Nursing Education	Mis Katherine MacLaggan, 385 Union St., Fredericton, N.B.
Public Relations	Miss Margaret M. Wheeler, 1570 St. Hubert St., Montreal.
Legislation and By-Laws	Miss Helen Carpenter, 50 St. George St., Toronto, Ont.
Finance	Miss Alice Girard, Hôpital St. Luc, Montreal, Que.
Editorial Board	Mrs. Isobel MacLeod, Montreal General Hospital, Montreal, Que.

EXECUTIVE OFFICERS

Alberta Ass'n of Registered Nurses, Mrs. Clara Van Dusen, Ste. 5, 10129-102nd St., Edmonton.

Registered Nurses' Ass'n of British Columbia, Miss Alice L. Wright, 2524 Cypress St., Vancouver, 9.

Manitoba Ass'n of Registered Nurses, Miss Lillian E. Pettigrew, 247 Balmoral St., Winnipeg.

New Brunswick Ass'n of Registered Nurses, Miss Muriel Archibald, P.O. Box 745, Fredericton.

Ass'n of Registered Nurses of Newfoundland, Miss Pauline Laracy, Cabot Bldg., Duckworth St., St. John's.

Registered Nurses' Ass'n of Nova Scotia, Miss Nancy H. Watson, 73 College St., Halifax.

Registered Nurses' Ass'n of Ontario, Miss Florence H. Walker, 33 Price St., Toronto 5.

Ass'n of Nurses of Prince Edward Island, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown.

Association of Nurses of the Province of Quebec, Miss Winonah Lindsay, 506 Medical Arts Bldg., Montreal, 25.

Saskatchewan Registered Nurses' Ass'n, Miss Lola Wilson, 401 Northern Crown Bldg., Regina.

ASSOCIATION OFFICERS

Canadian Nurses' Association: 270 Laurier Ave. West, Ottawa. *General Secretary-Treasurer,* Miss M. Pearl Stiver. *Secretary of Nursing Education,* Miss Frances U. McQuarrie. *Secretary of Nursing Service,* Miss F. Lillian Campion. *Assistant Secretary,* Miss Rita MacIsaac.

International Council of Nurses: 1, Dean Trench St., Westminster, London S.W. 1, England. *Executive Secretary,* Miss Daisy C. Bridges.

Chez Cora Limited

MAKERS OF

Angelica UNIFORMS

(A) 8419 YQ —
White Dacron Dress, Pin Tucks,
Price: $13.60
Plus Federal Sales Tax $1.36

(B) 8418 YQ —
White Dacron Dress,
Stitched Down Pleats,
Price: $13.60
Plus Federal Sales Tax $1.36

(C) 8417 TSQ —
White Seersucker Nylon Dress
with Set-in Belt
Price $9.15
Plus Federal Sales Tax $0.92

Mail orders promptly filled

Sizes on this page: 30 to 46

Catalogue available upon request.

Chez Cora Limited

1526 CRESCENT ST.
MONTREAL 25, QUE.

Angelica Great Since 1878